

Liaison Psychiatry Services

National Overview of Services 2010

The Royal College of Psychiatrists has described **Liaison psychiatry** as the sub-specialty which provides psychiatric treatment to patients attending general hospitals, whether they attend outpatient clinics, Emergency Departments or are admitted to in-patient wards. Therefore it deals with the interface between physical and psychological health.

In 2010, mental health services throughout the country were invited by the Inspectorate of the Mental Health Commission to complete a self-assessment questionnaire on the provision of liaison services within their area. In addition, a national meeting of mental health providers delivering a liaison service was convened by the Inspectorate of Mental Health Services and held in Dublin in November 2010. Information gathered from both the self-assessment questionnaires and from presentations at the meeting was used to form the basis of this report.

In this report a brief summary of each service is given and an overall summary of the services nationally is provided in conclusion.

How Liaison services are provided

Liaison psychiatry services in general hospitals in Ireland are provided in broadly four ways:

- (a) by a full multidisciplinary team,
- (b) by dedicated liaison nurses,
- (c) by dedicated sessions by a non consultant hospital doctor (NCHD), or
- (d) by the sector teams in the Community Mental Health Teams (CMHTs).

In Ireland, mental health services are delivered through 13 super catchment areas, which include the National Forensic Service. Acute general hospitals are organized in eight networks across four Health Service Executive (HSE) regions which do not necessarily correspond with the super catchment areas.

Many services describe the provision of liaison services as being available on a 24-hour basis. It is understood that this is provided by the NCHD on-call, with the back-up of a consultant psychiatrist, rather than by the liaison team.

HSE Dublin North East:

Cavan / Monaghan, Louth and Meath

This area contained five general hospitals: Cavan Hospital (226 beds), Monaghan Hospital (does not provide acute medical or surgical care), Our Lady of Lourdes Hospital, Drogheda (340 beds), Louth County Hospital, Dundalk (137 beds) and Our Lady's Hospital, Navan (172 beds). There was no liaison team in the region.

In **Cavan Hospital** and **Our Lady's Hospital, Navan**, a liaison service was provided by the CMHTs. There were two dedicated addiction nurses in Cavan.

Funding was provided by the mental health service.

In **Our Lady of Lourdes Hospital, Drogheda**, a service in deliberate self-harm (DSH) was provided by 1.5 whole-time-equivalent (WTE) nurses. Community alcohol counsellors attended the hospital on request.

The Child and Adolescent Mental Health Services (CAMHS) team provided emergency assessments for children only up to the age of 16 years of age between 0900h and 1700h. Patients over the age of 65 years of age were seen by the Psychiatry of Old Age (POA) team, unless the person was already a patient of the CMHT.

Funding was provided by the mental health services.

Dublin North West

There was one large general hospital in this area at **Connolly Hospital**, Blanchardstown with 380 beds, including 49 in-patient beds in the psychiatric unit. The liaison service was provided by one liaison team staffed by one WTE consultant psychiatrist, two WTE NCHD, one WTE Clinical Nurse Specialist (CNS), 0.5 WTE social worker, 0.5 WTE counsellor and 0.5 WTE administrative staff. The social worker was currently re-assigned temporarily to another team in the service. The service was available Monday-Friday from 0900h to 1700h. The liaison service was provided to the Emergency Department (ED), general wards, diabetic clinic and a counselling service was provided to patients with an alcohol problem. As yet, no liaison service was provided to the outpatient department.

Children aged between 16 and 18 years, and patients over the age of 65 years (from outside Area 6 & 7) who presented to the hospital were seen by the liaison service if so requested. The consultant psychiatrist was engaged in providing educational modules to nursing and medical staff in the general hospital.

Since the closure of the assessment ward in St. Brendan's Hospital, the liaison team had reported a substantial increase in presentations to its service in the ED.

Funding for the liaison service was provided from the mental health budget.

Dublin North Central

The **Mater Misericordiae Hospital** was the main general hospital in this area. It was reportedly a busy hospital situated in an inner city area and was the national tertiary referral centre for the National Spinal Injury Unit, National Isolation Unit and National Heart and Lung Transplantation Unit. There was one liaison team but this did not have a full-time consultant psychiatrist. The team consisted of 0.9 WTE consultant psychiatrist, one CNS (Clinical Nurse Specialist), three NCHDs (shared), one administrative staff and 0.5 WTE alcohol counsellor. The liaison service was provided five days per week, from 0900h to 1700h and had five beds in the acute psychiatric unit, St. Aloysius Ward. In addition to providing a liaison service to the Emergency Department and general wards, three to four outpatient clinics were held weekly which included a clinic in the Pain Clinic and in the Institute of Neurology. Recently, a psycho-oncology outpatient service was established. A ward-based alcohol counselling service was provided by a part-time alcohol counsellor and a consultant psychiatrist with a special interest in addiction psychiatry provided 10-hours per week to the service for people with drug misuse and dual diagnosis. This consultant worked closely with consultants in Infectious Diseases.

Adolescents between the ages of 16 – 18 years and patients over the age of 65 years were assessed by the liaison team.

One of the consultants was involved in the teaching programme for interns in the hospital.

The liaison psychiatry service was funded by the Mater Misericordiae Hospital.

Dublin North

This area of Dublin was served by **Beaumont Hospital**, a large teaching hospital in north Dublin with 800 beds. There was no psychiatric unit on site. The service was provided by one team with two WTE consultant psychiatrists, five WTE NCHDs, two WTE clinical nurse specialists (CNS), 0.5 WTE social workers, 0.5 WTE psychologists and 0.5 WTE alcohol liaison nurse. The team provided consultations in the ED, on the wards and in outpatient clinics. The liaison service held two general liaison psychiatry outpatient's clinics, one neuropsychiatry clinic, one psycho-oncology clinic and one general psychiatry and substance misuse clinic per week. In addition, the service was involved in carrying out assessments in patients scheduled for renal transplantation, for which Beaumont Hospital was a national centre.

The arrangement for assessing emergency presentations of children aged 16 - 18 years of age was an area of concern to the liaison team, as neither the Child and Adolescent Mental Health Services nor the CMHTs, provided emergency assessments for this age group. Patients over the age of 75 years were seen by the Psychiatry of Old Age (POA) service.

The liaison service provided an educational service throughout the hospital.

The service was funded by Beaumont Hospital, apart from the liaison nurses in the Emergency Department (ED).

HSE Dublin Mid-Leinster

Dublin West/ Dublin South West

The general hospital in this area was located in Tallaght at the Adelaide and Meath Hospital incorporating the National Children's Hospital (**AMNCH**). The hospital had a total of 625 beds, of which 52 were in the acute psychiatric unit and 68 in the National Children's Hospital. There was one liaison team with 1.1 WTE consultant psychiatrists, two WTE NCHDs, 1.6 WTE CNS (of which 1.4 posts were vacant) and a service administrator. The service operated Monday – Friday, 0900h to 1700h and provided a liaison service to the ED, general wards and at one outpatient clinic each week. There were good links with medical and surgical disciplines and members of the team participated in teaching at undergraduate and post-graduate level.

Children between 16 – 18 years of age who presented to the hospital were seen by the liaison team and patients over 65 years of age in the ED and those with cancer were also seen by the team.

Funding for the liaison service was provided by the general hospital.

Dublin South City

No self-assessment form was returned by this service, but information was gathered from a presentation at the national meeting. There was a liaison team in **St. James's Hospital**, which was the largest teaching hospital in the country with c. 1,000 beds (including 51 beds in the acute psychiatric unit). There was one team with two WTE consultant psychiatrists, three NCHDs, three liaison nurses, 1.5 WTE psychologists and two WTE administrative staff. The liaison service was provided Monday – Friday, from 0830h to 1900h. The service was available to all in-patients, the ED, and two specialised outpatient clinics held by the team. A well developed psycho-oncology service was provided by the team.

The liaison service was fully funded by the general hospital.

Dun Laoghaire, Dublin South East and Wicklow

Three hospitals in this area had a liaison service. One team served **St. Michael's Hospital**, Dun Laoghaire (122 beds) and **St. Colmcille's Hospital**, Loughlinstown (106 beds) which were both district hospitals. **St. Vincent's University Hospital** also had a liaison service. Unfortunately, no self-assessment form was returned from either of these services and no representative from St. Vincent's University Hospital attended the national meeting.

St. Colmcille's Hospital had a reportedly very busy ED with approximately 500 episodes of DSH annually. The team had one WTE consultant psychiatrist, two WTE NCHDs, one WTE clinical nurse specialist, one WTE social worker, one WTE senior psychologist and one WTE administrative staff. The team provided a liaison service to the ED, ward consultations and an outpatient clinic. Members of the team were involved in education of hospital staff on psychiatric illness.

The liaison service was funded by the mental health services.

Kildare/West Wicklow, Laois/Offaly, Longford/Westmeath

There was no liaison team in this region. There were four general hospitals in the area at the Midland Regional Hospital, Mullingar, Midland Regional Hospital, Portlaoise, Midland Regional Hospital, Tullamore and Naas General Hospital. These four hospitals had a combined bed number of 923 beds.

The liaison service at the **Midlands Regional Hospital, Mullingar** (202 beds) was provided by two psychiatric consultation liaison nurses (PCLN). The service was provided Monday – Friday from 0900h to 1700h. A consultant psychiatrist and NCHD provided support if requested. The staffing commitment comprised two WTE PCLNs, 0.3 WTE consultant psychiatrists, 0.3 WTE NCHD and 0.2 WTE administrative staff. The PCLN liaised with the community alcohol and drug service regarding patients who presented with alcohol problems.

Adolescents between 16 and 18 years of age were assessed by the PCLNs and patients over 65 years of age were also seen if previously engaged with the mental health services. New patients over 65 years of age were referred to the Psychiatry of Old Age service.

Funding for the two nurses came equally from the general hospital and the mental health services.

In the **Midlands Regional Hospital, Portlaoise** (205 beds), the liaison service was provided by one WTE clinical nurse specialist, Monday - Friday 0800h to 1630h daily (to 1200h on Fridays). The liaison nurse was a member of a sector team and had access to a consultant psychiatrist and NCHD on-call. Referrals were made using a referral form and a liaison service was available in the ED and general wards.

Children under the age of 16 years were assessed by the CAMHS team, but adolescents between the ages of 16 – 18 years were seen by the adult service. Patients over 65 years of age were assessed by the Psychiatry of Old Age, unless already a patient of the psychiatric services.

The nurse liaison post was funded by the mental health services.

The **Midlands Regional Hospital, Tullamore** was a 200-bed hospital which had one WTE liaison nurse and one part-time secretary. The service was available Monday – Friday generally from 0830h - 1630h and was provided to in-patients of the hospital only. Patients who attended the ED with mental health problems were transferred to the appropriate mental health service for assessment.

Children were referred to CAMHS for assessment but adolescents between the ages of 16 – 18 years were seen by the liaison nurse. Assessments of patients over the age of 65 years were carried out by the Psychiatry of Old Age team unless currently attending a sector team.

The liaison nurse post was funded by the mental health service.

Naas General Hospital

No returns were received from Naas General Hospital.

HSE South

North Lee/ North Cork

There was one general hospital in this area at the **Mercy University Hospital** which was a voluntary hospital situated in the city centre in Cork. The hospital had 289 beds, 50 of which were acute psychiatric beds in St. Michael's Unit. The liaison service was provided by one WTE NCHD, 0.2 WTE consultant psychiatrist and two WTE crisis nurses. A plan for a liaison team had been submitted but no provision was made to establish a team in the Mercy University Hospital. The liaison service was provided Monday – Friday, 0900h - 1700h by medical staff, but the nurses operated on a seven day per week basis. There was no liaison outpatient clinic.

Adolescents aged 16 – 18 years and patients over the age of 65 years were seen by the liaison nurse or NCHD.

The liaison service within the hospital was funded by the HSE mental health services.

South Lee/West Cork/ Kerry

There was no liaison team in the general hospitals in **Tralee** (Kerry) or **Bantry** (West Cork). The main general hospital in this region was located at **Cork University Hospital** which was a large teaching hospital with 815 beds, 69 of which were paediatric beds and 46 were acute psychiatric beds located in the South Lee Mental Health Unit in the hospital. The liaison team had one WTE consultant psychiatrist, two WTE NCHDs, 4.2 WTE nurses, and 0.8 WTE psychologist. There was no administrative staff for the liaison team. One of the nursing posts was funded by the oncology division of the hospital. The service provided consultations in the ED, general wards (including oncology and neurology patients) and in the co-located Maternity Hospital on the campus of the general hospital. The liaison service also ran an outpatient clinic in the hospital. The service to the ED was provided Monday – Friday, from 0800h to 1600h. All adolescents between 16 and 18 years of age who were not attending the Child and Adolescent Mental Health Services were seen by the liaison team. Patients over the age of 65 years and who had a prior psychiatric history were seen by the team on referral, but new referrals of such patients were seen by the Psychiatry of Old Age service. The team was involved in teaching and delivering educational modules within the hospital.

Funding for the liaison team was provided by the local mental health service. Funding for the psycho-oncology nursing post was from Cork University Hospital.

Waterford / Wexford

There was no liaison team in this region. A liaison service was provided by the sector teams locally.

Waterford had a large regional hospital with 537 beds, of which 44 were in the acute psychiatric unit. Liaison consultations were provided in the ED (approximately 1,000 in 2009) and in the medical and surgical wards (approximately 400 in 2009). Patients seen in these consultations were followed up by the sector teams if indicated. There was one WTE liaison nurse who saw patients referred with alcohol or drug misuse problems.

Wexford General Hospital had 237 beds. While there was no liaison team as such, the service had two WTE nurses who provided a consultation service on seven days per week, between 0900h and 1700h. It was reported that the consultant psychiatrist provided one session per week, 0.125 WTE, and there was a 0.625 WTE NCHD post. Assessments were carried out in the ED and wards. There were no liaison outpatient clinics but there were informal links with the medical and surgical teams in the hospital. Children who presented with episodes of self-harm were admitted to the paediatric ward and followed-up by the CAMHS team. Patients over the age of 65 years were assessed by the liaison service as requested. The liaison nurses were funded by the mental health services.

Carlow/ Kilkenny/South Tipperary

The **South Tipperary General Hospital (STGH)** was located in Clonmel and provided acute general and maternity care. It had 255 beds, 49 of which were in the psychiatric unit in St. Michael's Unit. There was no liaison team, but a service was provided by a liaison nurse Monday – Friday, from 0900h to 1700h, supported by one NCHD who conducted out of hour's assessments. Patients were referred from the ED and the wards. Patients referred from the ED after-hours were assessed in St. Michael's Unit. Children up to the age of 16 years were assessed by the CAMHS team, during working hours, but adolescents between the ages of 16 – 18 years were assessed by the general adult services. Patients over the age of 65 years who had not previously attended the psychiatric service were seen by the Psychiatry of Old Age team, but if previously a patient of the mental health service, was seen by the liaison service.

Funding for the liaison nurse was provided by the local mental health service.

St. Luke's Hospital, Kilkenny, had 155 beds. This figure excluded paediatric, maternity and department of psychiatry beds in the hospital. There was one WTE liaison nurse and one WTE NCHD. Referrals were seen in the ED and on the wards. Monthly meetings were held between the liaison service and medical and ED staff. Children and adolescents under the age of 18 years were seen by the CAMHS team. Patients over the age of 65 years who had not previously attended the psychiatric service were seen by the Psychiatry of Old Age team, but if previously a patient of the mental health service, was seen by the liaison service.

The liaison nurse and NCHD were funded by the mental health service but the nursing post was also partly funded by the suicide prevention office.

HSE West

Donegal/ Sligo/ Leitrim/West Cavan

There were two general hospitals in the region located at Letterkenny and Sligo.

Letterkenny General Hospital had 315 beds in use. This figure did not include beds in the acute psychiatric unit which was located off-site while a new psychiatric unit was under construction in Letterkenny General Hospital. A liaison service was provided to the ED and general wards by one WTE clinical nurse specialist (CNS). Following assessment, all patients were referred to the NCHD on call or to the appropriate CMHT. Children and adolescents were seen by the CAMHS team. Patients over the age of 65 years were seen by the Psychiatry of Old Age team.

The liaison service was funded by the mental health services.

Sligo General Hospital had 257 beds. There was no psychiatric unit in the hospital. A liaison service was provided seven days per week, from 0900h to 2000h by two WTE nurses. The nurses had support from an on-call consultant and NCHD and delivered a service to all departments in the hospital.

The CAMHS team assessed children and adolescents and patients over the age of 65 years were seen by the Psychiatry of Old Age team.

Limerick/North Tipperary/ Clare

The general hospital in **Clare** was located in Ennis and had 54 beds. There was a psychiatric unit in the hospital which had an additional 39 beds. The hospital provided an ED service between the hours of 0800h – 2000h.

The main hospital in **Limerick** was at the Mid- Western Hospital, Dooradoyle which had 636 beds. There was one liaison team for the Limerick area and a liaison service was provided to the Mid-Western Hospital, St. John's Hospital, the Maternity Hospital and the Croom Orthopaedic Hospital which had a total of 697 beds. The liaison team was based in the Mid-Western Hospital. There was one WTE consultant psychiatrist, one WTE NCHD, four WTE nurses, one 0.5 WTE psychologist and one WTE administrative staff.

A liaison service, nurse-led was provided by the team to the ED between 0800h – 0230h, seven days per week. Referrals were also seen in the general wards and two liaison outpatient clinics were held weekly. The team was also involved in education and had developed protocols with the medical staff in relation to substance misuse. Children under the age of 16 years, and those between 16 – 18 years of age who were already attending the child and adolescent team were seen by the CAMHS team during normal working hours. At other times, children were assessed by the liaison team. Patients over the age of 65 years who did not have prior contact with the psychiatric services were seen by the Psychiatry of Old Age service. Where there had been prior contact, the patient was seen by the liaison team. The liaison team also provided a liaison service to **St. John's Hospital**, Limerick, the **Mid- Western Regional Maternity Hospital**, Limerick and **Croom Orthopaedic Hospital**, County Limerick.

The liaison psychiatric service was funded by the mental health services.

Galway/ Mayo/ Roscommon

There were four general hospitals in this region at University College Hospital, **Galway**, with 663 beds (excluding 43 beds in the acute psychiatric unit), 119 beds in **Merlin Park Hospital**, **Mayo General Hospital**, 321 beds (including 32 in the acute psychiatric unit) and in **Roscommon County Hospital**. There was no liaison team in this region. A liaison service was provided in the University College Hospital, Galway by one NCHD and one clinical nurse specialist, supervised by the sector teams.

In Mayo General Hospital, a service was provided by two clinical nurse specialists. A liaison consultation service was provided in Roscommon County Hospital by the sector teams.

Discussion

Diagnoses

In the self-assessment forms returned, services were asked to give their assessment of the commonest presentations to their liaison service, whether or not there was a liaison team in place. In services where there was a liaison team, only four services provided this information.

Services identified episodes of deliberate self-harm and alcohol/substance misuse as the commonest presentations. In Donegal, the figure for presentations of deliberate self-harm comprised 85% of all presentations while in the Mater Misericordiae Hospital and in Cork University Hospital, the figure given was 20%.

Although services were asked only for their impression of diagnoses of presentations, it was evident that a significant proportion of the caseload for liaison services was comprised of problems relating to episodes of deliberate self-harm and substance misuse. However, it is likely that in hospitals where there were liaison teams, presentations of patients with deliberate self-harm and substance misuse is proportionally less than in services without teams, as services without teams would be unlikely to be able to provide a full liaison service to the entire hospital population.

Funding of Liaison Services

One of the recommendations of the Joint Report of the Royal College of Physicians and the Royal College of Psychiatrists (2003) was that funding for liaison psychiatry should be provided by those specialties that use the service, and that a liaison service should be managed within an acute hospital trust, alongside other medical specialties. The following information on funding was provided by services:

Mental Health Services Funding	General Hospital Funding	Combined Funding
Mid-Western Regional Hospital, Limerick	St. James's Hospital	Midland Regional Hospital, Mullingar: Equal funding from the general hospital and MHS
University College Hospital, Galway	Mater Misericordiae University Hospital	AMNCH : Mainly from the General Hospital, but old age liaison service was provided by the POA team (funded by Mental Health Services)
Connolly Hospital		Beaumont Hospital : Mainly from the General Hospital, but ED nurses funded by the Mental Health Services
South Tipperary General Hospital, Clonmel		Cork University Hospital: Funding was from the Mental Health Services, with the exception of one psycho-oncology nurse post
Waterford Regional Hospital		

Mental Health Services Funding	General Hospital Funding	Combined Funding
Wexford General Hospital		
St. Colmcille's and St. Michael's Hospitals		
Mercy University Hospital		
Our Lady's Hospital, Navan		
Our Lady of Lourdes Hospital, Drogheda		
Midland Regional Hospital, Portlaoise		
Midland Regional Hospital, Tullamore		
Sligo Regional Hospital		
Letterkenny Regional Hospital		
Mayo General Hospital		
St. Luke's Hospital, Kilkenny		

Only two liaison services were funded solely by the general hospitals. The liaison service in Beaumont Hospital and in AMNCH was funded by the general hospital apart from two nursing posts in the Emergency Department in Beaumont Hospital and the liaison service for patients over the age of 65 years without a diagnosis of cancer in AMNCH.

Summary

Liaison psychiatry services were provided in most hospitals throughout the country, but there were liaison teams in only eight of these hospitals. In all other places, a liaison service was provided by sector teams. The policy document, *A Vision for Change* recommends that a liaison team should be provided per each 500-bed general hospital. Whilst there were many regional hospitals which did not reach this figure, a specialist liaison team could cover more than one hospital in a particular area, e.g. Midland Regional Hospitals and hospitals in Drogheda and Navan. The lack of a liaison team for the Galway and Waterford / Wexford regions was notable. All services (with the exception of that in Tullamore) provided liaison consultations in the ED and in the wards. Some specialised liaison services also held outpatient clinics for patients with both physical and mental illness. Where teams were in place, there were very good links with medical and surgical teams and even in hospitals where there was no team, psychiatry teams were engaged in delivering educational modules to both students and staff.

An estimate of diagnoses of illnesses presenting to liaison services showed a predominance of both deliberate self-harm behaviour and substance (including alcohol) misuse. The issue of service users who were currently attending sector teams and who presented at the ED with mental health difficulties was addressed. The view expressed by some liaison practitioners was that in many cases, the sector team was better placed to address the problems rather than a liaison service in the ED and that such a presentation did not constitute an appropriate use of a liaison service. As highlighted in the Joint Report of the Royal College of Physicians and the Royal College of Psychiatrists (2003), the proportion of older people occupying general hospital beds was approximately 60%, and as these patients had a high level of psychiatric morbidity, there was a need for well organized liaison services for older people.

It was apparent from information provided by services that funding of liaison services lies primarily with the mental health services despite the fact that most practitioners believed that it should be the responsibility of the general hospitals. Even where there were liaison teams, in only two cases were these fully funded by the general hospital. Similarly, on the issue of governance, it was the consensus of those attending the meeting that governance of liaison services lay within the general hospital system.

Limitations: This report is not intended as a scientific study, but rather an overview of liaison services countrywide. Liaison services were not inspected by the Inspectorate and the factual information presented here was provided by services themselves. The

information was requested by email and services were requested to complete a template. Unfortunately, not all services complied with this request resulting in incomplete information. In relation to diagnoses, services were requested to list the commonest presentations to their service, and it is accepted that this data is not a comprehensive documentation of the work of any liaison service.

Recommendations

1. The provision of Liaison services to particular areas should be in accordance with policy in *A Vision for Change*.
2. Liaison services should be funded by the general medical services.
3. Governance of liaison service should be part of the general hospital governance system.
4. The current practice whereby current service users of a CMHT attend ED with acute presentations rather than contact their CMHT during day working hours should be reviewed.

References

Royal College of Physicians & Royal College of Psychiatrists (2003) *The Psychological Care of Medical Patients: a Practical Guide (a joint working party report)*. Royal College of Physicians.

A Vision for Change, Report of the Expert Group on Mental Health Policy. Department of Health and Children, 2006.
