Consultant Liaison Psychiatrist
Lead Clinician
- Ward based service for general hospital inpatients
- ED and Self harm presentations
- A general liaison psychiatry clinic
- Transplant psychiatry clinic

Special interest in palliative care psychiatry & psycho-oncology
- Hospice based palliative care clinics
- A psycho-oncology clinic at the Leeds Oncology Institute
What is liaison psychiatry?

• Branch of psychiatry
• Concerned with the mental health needs of people who also have physical health needs
• General hospital and community.
• Acute & long term
• High level of need (not SMI)
Fundamental skill set

Physical

Psychological
Why? What’s the need?

• **Self harm**
  • 200,000 cases of self harm present to hospitals in England each year
  • One of the most frequent causes for hospital admission

• **Acute mental health problems**
  • 5% of ED presentations related to mental health
The need in Leeds

- 198000 ED presentations a year
- 3742 ALPS referrals in 2014
  - 1686 self harm
  - 2056 non self harm
Why? What’s the need?

• Co-morbid mental health problems
  • 30% of general hospital patients have comorbid physical/mental health problems
  • 27% of frequent attenders had one or more episodes characterised by medically unexplained symptoms

• Substance
  • Up to 20% of admissions to hospital related to alcohol use
The need in Leeds

• 1785 LTHT beds
• 2,000,000 patients treated each year
• 120,000 inpatients treated
• 702 in reach referrals in 2014 (18-65)
Why? What's the need?

• Older adults
• 2/3 of NHS inpatient beds
• 60% have an existing mental health problem, or develop one
• Of older adult inpatients
  • 40% have dementia
  • 60% have delirium
  • 53% have depression
Why? What’s the need?

• 30% of population have LTC
  • 2-3 times more likely to develop mental health problems
  • General population : 5-10% depression prevalence
  • Diabetes : 18%
  • Coronary heart disease : 23%

• Multiple LTC
  • 7 times more likely to be depressed
Why? What’s the need?

- Mental illness predicts:
  - Poor health outcomes
    - Increased mortality
    - More presentation
    - Reduced independence
    - Low QoL
    - Poor treatment engagement and self management
Source: Moussavi et al 2007
Reproduced from The Lancet with permission from Elsevier
Costs

- 12-18% of all NHS expenditure on LTC linked to mental health
- Increased service use
  - More admissions
  - More acute episodes
  - Greater length of stay
- Wider economy
  - Greater unemployment
- Cost sits within the most complex patients (Kings Fund 2012)
- Interventions will pay for themselves (King’s fund)
MUS patients

• Medically Unexplained Symptoms (MUS) have a very high economic impact:
• £3 billion is in direct NHS costs (equivalent to the total spend on Diabetes care)
• almost half (£1.2 billion) is spent on the top 10% of service users, particularly those requiring general hospital in-patient care
Note: direct mental health treatment costs are excluded
Source: Melek and Norris 2008
The need in Leeds

- 80,515 CCG population
- 669 liaison psychiatry outpatient referrals

<table>
<thead>
<tr>
<th>Referrer</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>190</td>
<td>32%</td>
</tr>
<tr>
<td>Community mental health team</td>
<td>61</td>
<td>10%</td>
</tr>
<tr>
<td>Primary care mental health service</td>
<td>54</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>294</td>
<td>49%</td>
</tr>
</tbody>
</table>
**Reason for Referral to the Outpatient Clinic**

The predominant physical health problem according to the referral letter was as follows:

<table>
<thead>
<tr>
<th>Predominant Physical Health Problem</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic pain</td>
<td>89</td>
<td>17%</td>
</tr>
<tr>
<td>Medically Unexplained Symptoms</td>
<td>86</td>
<td>17%</td>
</tr>
<tr>
<td>Mixed physical conditions</td>
<td>51</td>
<td>10%</td>
</tr>
<tr>
<td>Inflammatory Bowel Disease</td>
<td>39</td>
<td>8%</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>27</td>
<td>5%</td>
</tr>
<tr>
<td>Cancer</td>
<td>26</td>
<td>5%</td>
</tr>
<tr>
<td>Obesity</td>
<td>22</td>
<td>4%</td>
</tr>
<tr>
<td>Neurological problem</td>
<td>21</td>
<td>4%</td>
</tr>
<tr>
<td>Other Physical conditions</td>
<td>153</td>
<td>30%</td>
</tr>
</tbody>
</table>

*Table 4: Outpatient referral reason as identified on referral paperwork*

**Mental Health Problem**

<table>
<thead>
<tr>
<th>Mental Health Problem</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>244</td>
<td>51%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>126</td>
<td>26%</td>
</tr>
<tr>
<td>Medically unexplained Symptoms</td>
<td>36</td>
<td>8%</td>
</tr>
<tr>
<td>Body dysmorphic disorder</td>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>62</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Table 5: Outpatient mental health problems identified from referral paperwork*
Evidence

- Can improve the clinical outcomes/quality of care for patients
- Optimise patient care
- Reduce health care costs
- Reduce re-attendance/re-admission (MUS/self-harm)
- Reduce distress (MUS/self-harm)
Can pay for it self...

RAID
RAID Model

- Launched 2009 as a pilot in Birmingham
- Range of mental health specialties
- One MDT for all needs
- Ageless from 16 years
- 24/7
- Rapid response (1hr for ED, 24hrs for wards)
- Emphasis on diversion and effective discharge
- Follow up clinics
RAID

- 2497 referrals per year
  - ED 41%
  - >65 accounted for <25% of all referrals (but 75% of ward referrals)
- Total incremental savings - £3.5 mil per year
- Incremental cost of RAID model - £0.8 mil per year
- Cost ratio 4:1
The Leeds Liaison Psychiatry Service
Acute Liaison Psychiatry Service

- 17 band 6 RMNs
- 2 band 7 – clinical lead and clinical team manager
- 24/7 service
- ED and Self harm
- 4000 referrals per year
Acute Liaison Psychiatry Service

- Located in ED
- Rapid bio-psych assessment (3 hrs)
- Signpost
- High Volume Service Users initiative
- AMHP
<table>
<thead>
<tr>
<th>Shift</th>
<th>Hours</th>
<th>Staff distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Night</td>
<td>20.30-09.00</td>
<td>2 Clinicians</td>
</tr>
<tr>
<td>Early</td>
<td>7.30-20.00</td>
<td>1 Clinician</td>
</tr>
<tr>
<td>Day</td>
<td>8.30-21.00</td>
<td>2 Clinicians</td>
</tr>
<tr>
<td>Twilight</td>
<td>12.30-01.00</td>
<td>1 Clinician</td>
</tr>
</tbody>
</table>

Table 1. Staff distribution over a 24 hour shift period.
Liaison Psychiatry inreach and outpatient service (LPIOS)

- Liaison psychiatrists
  - Includes Core trainees & Higher trainees
- Mental health nursing
- Occupational therapists
- Physiotherapist
- Cognitive behavioural therapists

Summary of activities carried out by LPIOS

- Assessment and management of mental health conditions
  - On the general hospital wards (In reach activity)
  - In outpatient clinics
- Supervision
- Teaching
- Research
- Clinical governance
Pathways

- Pain pathway
- MUS pathway
- Long term conditions
Outcome measurement

- CORE 10
- CPAQ
- LP CGIS
- TOMs
- PHQ-9
- GAD-7
- Service user feedback
LPIOS cases

- Inreach:
- AD 40+
- Rare cancer
- Frontal brain involvement – CVA?
- Communication difficulty and behaviour change
- Q: Organic? Depression?
LPIOS Case

• https://www.youtube.com/watch?v=lauGwDOWp6A
LPIOS cases

- Long term condition (or multiple)
- Mental health disorder
- Block to engagement/recovery
- Impaired function
- Preliminary mental health interventions unsuccessful
Specialist areas

- Live liver transplantation
- Obesity
- Palliative care
- Psycho-oncology
- Mental health act duties
Psychosexual medicine service

- 3 accredited band 7/8 therapists
The Yorkshire Centre for Psychological Medicine

- 8 bed specialist inpatient unit
- Established 1980
- 4 Leeds beds
- 4 OATs
**Purpose**

The YCPM team specialises in helping people with the following types of problems:

1) Chronic and/or complex and/or severe medically unexplained symptoms and somatisation (psychologically-based physical symptoms and syndromes).

2) Severe physical and psychological/psychiatric comorbidity:
   a) in people who are already general hospital in-patients but who have psychological needs at a level that cannot be effectively met on a general medical or surgical unit.
   b) in people in other services or the community who could benefit from focussed multidisciplinary treatment provided in an in-patient setting.

3) Patients with severe Chronic Fatigue Syndrome (CFS/ME).
(We provide the in-patient component of the Leeds and West Yorkshire CFS/ME Service).
YCPM Case description

- Complex mix of:
- Medically unexplained physical symptoms and illness
- Psychological factors
- Social / interpersonal impact / difficulties
- Iatrogenic elements
- Secondary physical consequences of illness, ie chronic inactivity, etc
- Organic / medical comorbidities (sometimes acute)
- Psychiatric disorder / comorbidities
- Possibly behavioural / personality difficulties
YCPM Assessment and Treatment

• A multidisciplinary approach provided in a specialist inpatient environment
• Biopsychosocial assessment, with regard to the range of symptoms
• Formulation of the nature of the presentation, including aetiological factors and in particular perpetuating/maintaining factors, across physical and psychosocial aspects, followed by:
  • Physical and occupational rehabilitation
  • in parallel with
  • Psychotherapeutic interventions as indicated
  • Biological treatments (for both physical and psychological/psychiatric comorbidities)
  • Addressing / reversing iatrogenic elements
  • Addressing / reversing secondary consequences of chronic physical illness
• This approach all carried out in a recovery-focused programme
West Yorkshire CFS/ME Service

- Newsam Centre
- Home rehab
- YCPM
- 95% of referrals from GPs
WY CFS/ME service

- Liaison Psychiatrist
- GPwSI
- OT/nurse/physio/dietitian
- Diagnosis
- Shared understanding
WY CFS/ME Service

- 10 week group programme
- 1:1 activity management programme