Liaison Psychiatry:
Supporting mental health in acute hospital settings

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Overview

• What is Liaison Psychiatry?
• (and what it isn’t)

• The case for Liaison Psychiatry (triple aim)

• Experiences in NW London
• National position
What is Liaison Psychiatry?
> 5%
A&E presentations are for a mental health problem

> 15%
of A&E attenders have a significant mental health problem
Self harm consistently
‘Top 5’
reason for emergency
admission (170 000 pa)

> 10% A&E
attendances secondary
to alcohol misuse

65% of A&E
referrals to MH not
known to services
“My experiences have been mixed, but the last time I visited, it was after I’d cut myself very badly and I was dealt with by staff who treated me with respect and kindness which made an enormous difference to me. They had a lasting impact.”

“Walking into an A&E department and asking to speak to the duty on-call psychiatrist or community psychiatric nurse and then having to wait in a crowded noisy waiting room for hours is enough to push me over the edge”

MIND: Listening to experience, 2011
Efficiency - RAID

“Conservative assumption”: £3.55m per year
Incremental cost of RAID: £0.8m per year

Benefit : cost ratio
4:1

City Hospital Birmingham
Before: 6 RMN, 2 Med, 1 SW, 1 Admin
After: 11 RMN, 5 Med, 1 Psych, 1 SW, 3 Admin
Hospitals in North West London

• 2 million people
• 8 Clinical Commissioning Groups (CCGs)
• 8 Boroughs
• 10 acute & specialist hospitals in 6 trusts
• 2 mental health trusts
## Core 24 – NW London Optimal Model

### Summary of Optimal Standard Liaison Model for a NWL hospital of ~500 beds

**What is it?**
- The ‘Optimal Standard’ is a high quality liaison psychiatry service designed to operate in acute general hospitals in NWL, providing the following services:
  - Care for patients with significant mental health needs (outside specialist MH units)
  - Training for other hospital staff to enable them to support patients’ mental health needs
  - Integration with other parts of the health system e.g., GPs, specialist mental health teams

**Who delivers the service?**
- 2 Consultant Psychiatrists
- 1 Team Manager
- 12 Team Nurses (Bands 6 and 7)
- 1 Alcohol Nurse
- 2 Specialist Registrars
- 1 Generic Therapist
- 1 Occupational Therapist
- 1 Social Worker
- 1 Administrative support
- 1 Research/Business Support Officer

**What does the service look like?**
- Highly **visible multi-disciplinary** mental health team fully **integrated** into the hospital
- **Single point of contact** for all patients (16+) in hospital with diagnosed or suspected mental health conditions of any severity
- **Rapid response** for patients requiring mental health support and 24/7 support in A&E and wards
- **Training experts** on mental health problems and related issues for non-mental health clinicians
- **Coordination with out-of-hospital** care providers and housing services
- **Integrated** with broader health and social care system
- **Single management** structure

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**SOURCE:** North West London 2011/12 Q4 ‘Access Initiatives’ Bid Proposal; Rapid Assessment Interface Discharge (RAID) report, Prof George Tadros (RAID Lead Clinician), Birmingham. Psychiatric liaison working group

**NHS North West London**
Sept – Nov 2011
• NWL workshops developing business case

Dec 2011
• Application for Access Initiative funds

Jan – Feb 2012
• Establish liaison psychiatry teams – three month pilot

May 2012
• End of pilot – services continue on rolling basis

Sept 2012
• Interim evaluation by NHS NWL
• Funding to financial year-end secured

Dec 2012
• Further evaluation
• Featured in HSJ as beacon of best practice
**Liaison in the acute hospital**

- **Emergency assessments**
  - Self harm
  - Crisis care

- **Clinical input on wards**
  - Dementia
  - Delirium
  - Depression
  - Unexplained symptoms
  - Chronic disease
  - Perinatal care

- **Substance misuse**

- **Advocacy**

- **Liaison with community mental health services and substance misuse teams**

- **Frequent Attenders**
  - Other clinical services

- **Education of acute trust MDT including Foundation placements**

- **Education of mental health MDT including SHO supervision and SpR posts**

- **Safeguarding**

- **Mental Health Act (1983)**

- **Mental Capacity Act (2005)**

- **Policies and procedures**

- **Dementia CQUIN Perinatal care**
Liaison in the acute hospital

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- Dementia CQUIN

- Perinatal care
In 2014-15 our core services received 6497 referrals resulting in 11114 face to face patient contacts.

Across all sites, 93% of patients in ED/UCC were seen within 1 hour.

95% of routine referrals were seen within 24 hours.

Our teams gave 170 teaching sessions to colleagues about caring for patients’ mental health needs.
Challenges

- Recruitment
- Staff training
- Evaluation – hasty
- Evaluation – fatigue
- Acute trust involvement
- Moving from pilot to sustainably funded Core 24 service
- Service enhancements – eg outpatients
Measuring quality

- PLAN
- Friends and family
- Referrer satisfaction
- LP - MAESTRO

- CORE
- HONOS / Clustering
- EQ5D
- MH Trust patient surveys
Innovations

Integrated Care Programme
Monthly multidisciplinary care planning groups for patients with long term conditions

Integrated mental health in Intermediate Care team (Consultant and RMNs)

Whole systems integration
Planning model of care for Early Adopter projects and future Local Hospital

Primary care education and supervision

Daily GP advice line

Support for Primary Care Mental Health Workers

IAPT and Clinical Psychology Interfaces

Palliative Care Hospice and Community Pilot

Outpatient clinics for MUS/LTC

HIV Mental Health assessments

Community dementia Liaison nurse

Integrated long term condition psychotherapy services
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Intermediate Care

Baseline evaluation (13-14 pilot)
• AHPs: “not confident in identifying MH needs”
• “Not aware of referral processes”
• 40% MH training was “poor”
• Symptomatic mental health diagnosis exclusion criteria

Activity (13-14 CQUIN / 14-15 Winter resilience)
• 596 referrals to ICE – single LPS nurse inputted into care of 96 (22%) with face to face assessments for a third of these.
• 912 referrals to ICE – 7 days service inputted into care of 351 (38%) with face to face assessments for 18%.
Intermediate Care

Patient experience

82% patients said care had improved as a result of healthcare professionals enquiring about emotional wellbeing (13-14)

“They took time to talk about my life… they were interested in me as a person”

“The team were very approachable and made my mum feel at ease”

Referrers

“They were at every MDT”

“Clients benefited from MH contact”

“It was helpful to have them to talk to and to visit if necessary”. 
Home ward
Integrated intermediate care service

West London Mental Health NHS
Central and North West London NHS
Chelsea and Westminster Hospital NHS
Ealing
Promoting hope and wellbeing together
Wellbeing for life
London Central & West Unscheduled Care Collaborative
Four years on

- Standardised model for NW London possible
- No longer pilots
- PLAN accreditation
- Recruitment challenges
- Liaison psychiatry and urgent care
- Who pays? Funding models

- Perinatal psychiatry
- New models of care and embedding Liaison ethos into settings closer to home
Every general and acute hospital should have a dedicated liaison psychiatry service:

- On-site (vs ad hoc / in-reach models)
- Sustainably funded
- Integrated fully into medical care
- Generic: all-ages all-conditions
- Training as a core function
- Outpatient services (second phase)

Liaison Psychiatry in the Modern NHS
(Centre for Mental Health 2012)
B10 People in crisis who present in Emergency Departments should expect a safe place for their immediate care and effective liaison with mental health services to ensure they get the right ongoing support.
Targeted crowd-sourced rapid survey of Liaison Psychiatry services in England

(Lee et al 2014)

61% inadequate
The differences of service gradings from 2014 to 2015.

<table>
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<th>Grading of Service</th>
<th>2014</th>
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<tr>
<td>No Service</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>SubCore</td>
<td>131</td>
<td>133</td>
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<td>Core</td>
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<td>Core 24</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Enhanced +</td>
<td>4</td>
<td>4</td>
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Number of Liaison Psychiatry services that have improved, worsened, or remained the same in the past year.

- Better: 102
- Worse: 29
- Same: 27

Due to Winter Pressures
Mental health and physical health services delivered separately

People with a mental health problem have their physical health problems identified, assessed and treated, and people with physical health problems have their psychological needs met

All health encounters provide holistic care regardless of setting

Image adapted from East London Integrated Care, as shown at Crisis Concordat Launch Event