



Liaison Psychiatric Nursing

Prepared by:

Faten Ahmed Abd Elrahman

Supervised by:

Prof. Dr/ Nelly Ahmed Mahgob

Prof. Dr/ Zeinab Abdel-Halim

Faculty of Nursing

Cairo University

2025 / 2026

Outlines :

- ✓ Definitions of Consultation-Liaison Psychiatry
- ✓ Core Roles of the Consultation-Liaison Psychiatrist
- ✓ Major Models of Consultation-Liaison Psychiatry
- ✓ Stages of Consultation-Liaison Psychiatry
- ✓ Qualifications of PLCN
- ✓ Role of liaison psychiatric nurse
- ✓ Challenges of liaison psychiatric nursing

Introduction

In traditional medicine, healthcare was primarily focused on diagnosing and treating physical diseases. However, over time, it has become increasingly clear that physical illness cannot be separated from psychological and emotional factors. Patients are not just biological systems; they are complex individuals whose mental state, behavior, coping mechanisms, and social environment all influence their health outcomes.

In general hospital settings, a significant proportion of patients experience **psychiatric or psychological problems alongside their medical conditions**. These may include anxiety, depression, delirium, behavioral disturbances, or difficulty adjusting to illness. Unfortunately, these problems are often underrecognized or misinterpreted, which can negatively affect treatment adherence, prolong hospital stay, increase healthcare costs, and worsen overall patient outcomes.

Consultation–Liaison Psychiatry emerged as a response to this gap in care. It is a subspecialty of psychiatry that integrates mental health into general medical practice. **It focuses on the assessment and management of psychiatric and psychological problems in patients who are being treated for physical illness**, while also supporting the medical team and improving communication within the healthcare system.

Consultation-Liaison Psychiatry within the Framework of Person-Centered and Holistic Care

The evolution of modern healthcare has transformed clinical practice from a traditional disease-oriented model toward a **person-centered and holistic philosophy of care**, recognizing that patients are far more than the diseases they carry. Contemporary healthcare is founded on the understanding that health and illness result from the dynamic interaction of biological,

psychological, social, cultural, and spiritual factors. Consequently, effective patient care requires healthcare professionals to move beyond treating pathological processes and instead understand each patient as a unique individual with personal values, emotional experiences, coping abilities, family relationships, cultural beliefs, and life circumstances that profoundly influence health outcomes.

Within this paradigm, **Person-Centered Care** emphasizes respecting patients' preferences, autonomy, dignity, and active participation in decision-making, while **Holistic Care** extends this perspective by addressing the interconnected biological, psychological, emotional, social, and spiritual dimensions of health. Together, these two approaches provide the philosophical foundation for contemporary psychiatric nursing and integrated healthcare.

Consultation-Liaison Psychiatry (CLP) represents one of the most sophisticated clinical applications of these principles within general hospitals. Rather than limiting psychiatric practice to the diagnosis and treatment of mental disorders, CLP integrates psychiatric expertise into medical and surgical settings, recognizing that physical illness and psychological well-being are inseparable. Patients admitted with cancer, cardiovascular disease, trauma, renal failure, neurological disorders, or chronic medical conditions frequently experience emotional distress, cognitive changes, behavioral disturbances, or psychiatric disorders that significantly influence treatment adherence, rehabilitation, quality of life, and overall recovery.

Accordingly, the primary mission of Consultation-Liaison Psychiatry is not merely to identify psychiatric symptoms but to understand **how the patient's illness is experienced as a whole-person phenomenon**. This involves exploring the interaction between physical disease, emotional responses, cognitive functioning, behavioral adaptation, family dynamics, social support, cultural beliefs, and environmental influences. Through close collaboration with multidisciplinary healthcare teams, CLP ensures that mental health considerations become an integral component of medical care rather than an isolated specialty service.

For psychiatric liaison nurses, this philosophy transforms clinical practice from task-oriented nursing into relationship-centered, evidence-based, and person-centered care. The liaison nurse serves as the essential link between psychiatry and general medicine, facilitating comprehensive

assessment, therapeutic communication, psychological support, patient advocacy, family involvement, interdisciplinary collaboration, and continuity of care. In doing so, the liaison nurse ensures that patients are cared for not simply as medical cases, but as whole persons whose physical, psychological, social, cultural, and spiritual needs are addressed simultaneously.

Therefore, **Consultation-Liaison Psychiatry should not be regarded merely as a subspecialty of psychiatry; rather, it represents the practical embodiment of the Biopsychosocial Model, the operational framework of Holistic Care, and one of the most effective strategies for implementing Person-Centered Care within modern healthcare systems.** It exemplifies the transition from treating diseases to caring for people, reflecting the highest standards of integrated, compassionate, and evidence-based healthcare

Definition of Consultation–Liaison Psychiatry (CLP)

Consultation-Liaison Psychiatry (CLP) is a recognized subspecialty of psychiatry that provides psychiatric assessment, diagnosis, treatment, consultation, and collaborative care for patients receiving treatment in general hospitals and other non-psychiatric healthcare settings. Unlike traditional psychiatric practice, which usually takes place within psychiatric hospitals or mental health clinics, CLP operates in environments such as medical wards, surgical units, intensive care units, oncology departments, nephrology units, emergency departments, transplant centers, obstetric services, and palliative care units.

The central purpose of CLP is to identify and manage psychiatric, emotional, cognitive, and behavioral problems that occur in patients suffering from physical illnesses. These psychological problems may have existed before hospitalization, may develop as a consequence of the physical illness itself, or may arise secondary to medications, medical complications, prolonged hospitalization, or the emotional burden of coping with serious disease.

Importantly, CLP extends far beyond diagnosing psychiatric disorders. It adopts a comprehensive biopsychosocial perspective in which every patient is viewed as a whole person whose biological condition, psychological state, social environment, cultural beliefs, coping abilities, and family relationships interact continuously. Consequently, the consultation-liaison psychiatrist seeks to understand not only *what psychiatric symptoms are present*, but also *why*

they have developed, how they influence medical treatment, and how they can be managed without compromising physical care.

Furthermore, CLP serves as an essential component of multidisciplinary healthcare. It facilitates collaboration between psychiatry and all other medical specialties, ensuring that mental health considerations become an integral part of routine medical practice rather than an isolated service. This collaborative approach improves communication among healthcare professionals, enhances patient-centered care, and contributes to better clinical outcomes.

Therefore, Consultation-Liaison Psychiatry should be understood as a specialty that integrates psychiatric expertise into medical practice while promoting holistic, evidence-based, and interdisciplinary care.

Two Components of Consultation-Liaison Psychiatry

The name "Consultation-Liaison Psychiatry" consists of two complementary concepts: **Consultation** and **Liaison**. Although these terms are closely related, they describe different professional functions.

First: Consultation

The term **Consultation** refers to a formal request made by another healthcare professional or medical team asking the psychiatrist to evaluate a patient and provide expert recommendations regarding mental health issues.

In this model, the psychiatrist functions as a specialist consultant. The primary medical team remains responsible for the patient's overall medical management but seeks psychiatric expertise when psychological or behavioral problems interfere with diagnosis, treatment, communication, or recovery.

Consultation typically involves:

- Conducting a comprehensive psychiatric assessment.
- Performing a Mental Status Examination (MSE).
- Assessing suicide or violence risk.
- Determining decision-making capacity.
- Differentiating psychiatric disorders from medical causes.
- Evaluating medication-induced psychiatric symptoms.
- Providing diagnostic clarification.
- Recommending pharmacological and psychological interventions.
- Advising the primary team regarding behavioral management.

The consultation process is generally initiated after the primary medical team recognizes that psychiatric expertise is required.

Clinical Example

A patient admitted with uncontrolled diabetes repeatedly refuses insulin therapy. The endocrinology team requests a psychiatric consultation because they suspect that psychological factors are interfering with treatment. After assessment, the psychiatrist identifies severe major depressive disorder accompanied by hopelessness and impaired motivation. Appropriate psychiatric treatment subsequently improves treatment adherence and glycemic control.

This example illustrates that consultation focuses on providing specialized psychiatric expertise to solve a clinical problem identified by another healthcare team.

Second: Liaison

The concept of **Liaison** extends beyond consultation. Rather than simply responding to referrals, the psychiatrist develops an ongoing collaborative relationship with healthcare professionals across the hospital.

The liaison role emphasizes continuous communication, education, consultation, and support for the multidisciplinary team. Instead of functioning as an external specialist who appears only when requested, the liaison psychiatrist becomes an integrated member of the medical team.

The liaison function connects:

- The patient with the healthcare team.
- Psychiatry with other medical specialties.
- Psychological understanding with biomedical treatment.
- Patients' emotional needs with medical decision-making.
- Families with healthcare professionals.
- Hospital services with community mental health resources.

Consequently, liaison work is fundamentally proactive rather than reactive. It aims to identify psychological problems early, improve staff awareness, facilitate communication, reduce conflict, and prevent psychiatric complications before they become crises.

Clinical Example

An elderly patient in the intensive care unit becomes increasingly agitated after surgery. Instead of waiting until severe behavioral disturbance develops, the liaison psychiatrist regularly attends ICU rounds, identifies early signs of delirium, educates nursing staff regarding non-pharmacological delirium management, recommends environmental modifications, and assists physicians in preventing further deterioration.

In this situation, psychiatric expertise is integrated into routine patient care rather than delivered only after a formal referral.

Consultation versus Liaison

Although both functions belong to the same specialty, they differ in several important ways.

Consultation is primarily patient-centered and referral-based. It is initiated when another healthcare professional requests psychiatric assessment for a specific patient.

Liaison, in contrast, is system-centered and relationship-oriented. It emphasizes continuous collaboration, education, communication, prevention, and integration between psychiatry and other medical disciplines.

In contemporary healthcare, the most effective Consultation-Liaison Psychiatry services combine both approaches, providing expert consultations while maintaining continuous collaboration with multidisciplinary healthcare teams.

Why Consultation-Liaison Psychiatry Is More Than "Psychiatry Inside a Hospital"

A common misconception is that Consultation-Liaison Psychiatry simply means practicing psychiatry within a general hospital. This understanding is incomplete.

General psychiatry primarily focuses on diagnosing and treating psychiatric disorders themselves. Consultation-Liaison Psychiatry, however, focuses on the interaction between physical illness and mental health.

The central clinical question in CLP is not merely:

"What psychiatric disorder does this patient have?"

Instead, the clinician asks:

- How is the medical illness affecting psychological functioning?
- How is psychological distress influencing medical recovery?
- How are medications affecting cognition or behavior?
- How do family dynamics influence treatment adherence?
- How can communication between the patient and healthcare team be improved?
- How can psychiatric intervention optimize overall medical outcomes?

Thus, CLP is fundamentally an interdisciplinary specialty that seeks to improve both psychiatric and medical outcomes simultaneously.

Liaison nurse

A **Liaison Psychiatric Nurse** is an advanced psychiatric nursing specialist who provides comprehensive mental health care within non-psychiatric healthcare settings. These settings include medical and surgical wards, emergency departments, intensive care units, oncology services, renal dialysis units, transplant programs, burn units, obstetric departments, pediatric services, rehabilitation units, and palliative care services.

The liaison nurse functions as the link between psychiatric services and general healthcare teams. Rather than waiting until patients develop severe psychiatric disorders, the liaison nurse continuously evaluates the patient's psychological, emotional, cognitive, behavioral, and social functioning throughout hospitalization.

The primary responsibility of the liaison nurse is to recognize psychosocial factors that may interfere with diagnosis, treatment adherence, rehabilitation, discharge planning, or overall recovery. These psychosocial issues may include anxiety related to surgery, depression following chronic illness, adjustment difficulties after disability, fear of death, body image disturbances, grief, family conflict, substance misuse, suicidal ideation, delirium, cognitive impairment, or ineffective coping strategies.

Importantly, the liaison nurse adopts a **biopsychosocial approach** rather than a purely biomedical approach. Every patient is viewed as a whole person whose biological illness interacts continuously with emotional responses, cognitive processes, personality characteristics, family relationships, cultural beliefs, socioeconomic circumstances, and previous life experiences. Therefore, nursing assessment extends beyond vital signs and laboratory findings to include psychological well-being, coping mechanisms, resilience, support systems, health beliefs, and behavioral responses to illness.

Another distinctive characteristic of the liaison nurse is the emphasis on **collaborative practice**. The nurse works closely with physicians, psychiatrists, psychologists, social workers, occupational therapists, physiotherapists, pharmacists, and community mental health professionals. Through continuous communication and consultation, the liaison nurse ensures that psychiatric knowledge is incorporated into routine medical care.

The liaison nurse also serves as an educator for both patients and healthcare professionals. Many nurses and physicians working in medical specialties have limited training in recognizing psychiatric disorders. Consequently, the liaison nurse provides education regarding delirium, depression, suicide risk, therapeutic communication, behavioral management, trauma-informed care, and psychological support, thereby improving the overall mental health competence of the healthcare team.

Ultimately, the liaison psychiatric nurse promotes holistic, patient-centered, evidence-based care by ensuring that psychological health receives the same clinical attention as physical health.

What Does Consultation–Liaison Psychiatry (CLP) Actually Do?

Many healthcare professionals mistakenly believe that the consultation-liaison psychiatrist is called only when a patient develops a severe psychiatric disorder. In reality, the scope of CLP is much broader. The consultation-liaison team is involved whenever psychological, emotional, behavioral, cognitive, or psychiatric factors influence the patient's physical illness, medical treatment, or recovery.

Rather than focusing exclusively on psychiatric diagnoses, CLP seeks to understand **how physical illness affects the patient's psychological functioning and how psychological distress, in turn, influences medical outcomes**. This bidirectional relationship between mind and body forms the foundation of consultation-liaison practice.

Consequently, CLP addresses four major categories of clinical problems: **psychological problems, emotional problems, behavioral problems, and formal psychiatric disorders**. Although these categories often overlap, distinguishing between them helps clinicians perform accurate assessment and select appropriate interventions.

A. Psychological Problems

Psychological problems refer to the cognitive and emotional responses that arise as individuals attempt to understand, cope with, and adapt to physical illness. These reactions are normal

components of the illness experience and reflect the patient's appraisal of the threat posed by disease rather than the presence of a psychiatric disorder.

Receiving a diagnosis of cancer, experiencing myocardial infarction, undergoing major surgery, living with chronic kidney disease, or facing permanent disability represents a profound life stressor. Such events challenge the patient's sense of safety, independence, identity, and future expectations. Consequently, patients may experience fear, uncertainty, sadness, hopelessness, helplessness, anxiety, or difficulty accepting their diagnosis.

Examples include:

- Fear following the diagnosis of a life-threatening illness.
- Anxiety before surgery or invasive procedures.
- Difficulty adjusting to chronic illness such as diabetes or renal failure.
- Feelings of hopelessness after limb amputation.
- Concerns regarding future disability or loss of independence.

These reactions are not necessarily pathological. In many cases they represent normal adaptive responses. However, when psychological distress becomes persistent or overwhelming, it may interfere with multiple aspects of medical care.

Severe psychological distress may reduce concentration during health education, impair decision-making, decrease motivation for rehabilitation, disturb sleep, reduce treatment adherence, prolong hospitalization, and ultimately compromise recovery.

Therefore, one of the major roles of the consultation-liaison psychiatrist is to identify patients whose normal psychological reactions are progressing toward clinically significant distress and provide timely intervention before psychiatric disorders develop.

B. Emotional Problems

While psychological problems primarily involve cognitive appraisal and adaptation, emotional problems refer to the intense affective responses experienced during illness. Physical disease

often produces powerful emotions that fluctuate throughout hospitalization and influence patient behavior.

Patients may experience emotional distress because of:

- Severe pain.
- Loss of physical function.
- Altered body image following surgery or trauma.
- Fear regarding prognosis.
- Separation from family members.
- Financial concerns.
- Long-term hospitalization.
- Dependence on healthcare professionals.

These emotions are understandable human reactions. Nevertheless, when left unrecognized, they may contribute to depression, anxiety disorders, anger, hopelessness, withdrawal, treatment refusal, or family conflict.

The consultation-liaison psychiatrist helps patients recognize, express, and regulate these emotions while simultaneously helping healthcare professionals respond with empathy rather than frustration.

An equally important function is supporting the medical team. Caring for critically ill patients can generate emotional exhaustion, compassion fatigue, moral distress, and burnout among healthcare professionals. Thus, liaison psychiatry also contributes to staff well-being by facilitating communication and promoting psychologically informed care.

C. Behavioral Problems

Behavioral problems represent one of the most frequent reasons for psychiatric consultation in general hospitals. Unlike psychological or emotional problems, behavioral problems become evident through the patient's observable actions and often interfere directly with medical treatment.

Examples include:

- Refusing medication.
- Refusing surgery or dialysis.
- Pulling out intravenous lines or feeding tubes.
- Aggression toward staff.
- Severe agitation.
- Persistent demands for reassurance.
- Leaving the ward without permission.
- Self-harm or suicidal behavior.
- Non-adherence to rehabilitation programs.

These behaviors should never be interpreted superficially as "difficult" or "non-compliant." Behavior is a form of communication. It often reflects an underlying psychological, psychiatric, neurological, medical, or social problem.

For example, refusal of treatment may result from severe depression, psychosis, delirium, fear, cultural beliefs, cognitive impairment, trauma history, poor health literacy, or impaired decision-making capacity.

Similarly, agitation may indicate pain, hypoxia, delirium, medication toxicity, alcohol withdrawal, severe anxiety, or psychosis rather than intentional aggression.

Consequently, the consultation-liaison psychiatrist investigates the underlying causes of behavior before recommending management strategies. The goal is to understand the behavior rather than merely control it.

D. Psychiatric Disorders

In addition to psychological, emotional, and behavioral difficulties, consultation-liaison psychiatry also manages patients with formal psychiatric disorders occurring within medical settings.

These disorders may have existed before hospitalization or may emerge during treatment because of medical illness, medications, neurological disease, substance withdrawal, or psychosocial stress.

Common psychiatric disorders include:

- Major Depressive Disorder.
- Generalized Anxiety Disorder.
- Delirium.
- Psychotic Disorders.
- Bipolar Disorder.
- Substance Use Disorders.
- Somatic Symptom Disorder.
- Catatonia.
- Suicidal Ideation and Suicide Attempts.

Managing psychiatric disorders within medically ill patients requires specialized expertise because psychiatric treatment must always consider the patient's physical condition, laboratory findings, medication interactions, organ function, and medical prognosis.

For example, antidepressant selection in a patient with severe liver disease differs from treatment in an otherwise healthy individual. Likewise, managing delirium requires identification and treatment of the underlying medical cause rather than simply prescribing sedative medication.

Therefore, consultation-liaison psychiatry emphasizes **medically safe, evidence-based, and context-sensitive psychiatric care.**

Important Points

- CLP addresses psychological, emotional, behavioral, and psychiatric problems associated with physical illness.
- Psychological reactions are often normal responses but may become clinically significant.

- Emotional distress influences recovery, communication, and quality of life.
- Behavioral disturbances should always be assessed for underlying medical or psychiatric causes.
- Formal psychiatric disorders require medically integrated and context-sensitive management.
- The overall aim is to optimize both psychological well-being and physical recovery.

The Roles of the Consultation-Liaison Psychiatrist

The consultation-liaison psychiatrist usually performs **multiple roles at the same time**. This is one of the reasons why CLP is considered a unique and complex subspecialty. The psychiatrist is not only a clinician who diagnoses mental disorders, but also a communicator, educator, collaborator, and systems-level contributor within the general hospital.

These roles can be understood under four main headings: **clinical role, liaison role, educational role, and systems role**.

1. Clinical Role

The **clinical role** is the most direct and visible role of the CL psychiatrist. In this role, the psychiatrist assesses and manages psychiatric symptoms and behavioral problems in patients who are admitted for physical illness or injury.

These patients may present with a wide range of psychiatric conditions, including:

- depression
- anxiety
- delirium
- suicidality
- psychosis
- substance use disorders
- behavioral disturbance
- treatment refusal
- adjustment problems

What does this actually mean in practice?

The CL psychiatrist evaluates how the patient's mental state is affecting medical care, recovery, safety, and communication. This often involves:

- taking a psychiatric history
- performing a mental status examination
- assessing risk
- identifying psychiatric diagnosis
- determining whether symptoms are due to a primary psychiatric disorder, a medical condition, medication effects, or a combination of factors
- recommending treatment, including psychological and pharmacological interventions

Examples of the clinical role

A patient with cancer may become severely depressed and hopeless.

A patient in the ICU may develop delirium and become agitated.

A patient with diabetes may repeatedly refuse insulin because of psychosis or severe fear.

A patient admitted after overdose may require suicide risk assessment.

A patient with chronic illness may show poor adherence because of depression or substance misuse.

In all these cases, the CL psychiatrist helps clarify what is happening psychologically and psychiatrically, and how that should influence management. This role is especially important because psychiatric symptoms in medically ill patients are often overlooked or misinterpreted by non-psychiatric teams.

Why is the clinical role important?

Because psychiatric symptoms can worsen medical outcomes. They may increase hospital stay, raise costs, reduce adherence, interfere with communication, and increase readmission risk. The clinical role of CLP is therefore not limited to symptom relief; it directly supports safer and more effective medical care.

2. Liaison Role

The **liaison role** is what makes CLP different from general psychiatry. In this role, the psychiatrist acts as a **bridge** between the patient and the medical team, and between psychiatry and the rest of the hospital.

The liaison psychiatrist helps improve:

- communication
- mutual understanding
- teamwork
- interpretation of patient behavior
- management of emotionally difficult situations

Why is this role needed?

In hospitals, psychiatric symptoms often affect how the team perceives the patient. A patient may be described as:

- difficult
- noncompliant
- manipulative
- aggressive
- attention-seeking
- uncooperative

However, these behaviors may actually reflect:

- delirium
- psychosis
- severe anxiety
- trauma
- depression
- fear of illness
- poor coping
- stigma
- cognitive impairment

The CL psychiatrist helps the team move from judgment to understanding. Instead of seeing the patient only as a management problem, the team begins to understand the psychological or psychiatric meaning of the behavior.

Examples of the liaison role

If a patient keeps refusing dialysis, the liaison psychiatrist may help the nephrology team understand whether this is due to depression, demoralization, impaired capacity, fear, or cultural meaning.

If staff feel frustrated with an agitated patient, the psychiatrist may explain how delirium is contributing to the behavior and suggest calmer, more effective responses.

If the patient and team are in conflict, the psychiatrist may help restore communication and trust.

Why is the liaison role important?

Because treatment in a general hospital depends heavily on cooperation between the patient and the team. When confusion, stigma, fear, or emotional distress interfere with that relationship,

care becomes fragmented and less effective. The liaison role helps maintain a therapeutic alliance and supports truly integrated care.

3-The Educational and Research Role

Another important point in your paragraph is that CLP includes **teaching, research, and collaboration.**

A. Teaching

CLP is not limited to patient assessment. It also teaches hospital staff how to deal with psychiatric issues in medical settings.

This may include:

- helping doctors recognize depression or delirium
- teaching nurses how to respond to agitation
- helping teams communicate better with distressed patients
- increasing awareness of suicide risk
- improving understanding of medically unexplained symptoms

In many ways, the liaison psychiatrist helps the general hospital become more psychologically informed.

B. Research

CLP also contributes to research about:

- psychiatric comorbidity in medical illness
- length of stay
- readmission
- cost of care
- service models
- integrated care
- staff satisfaction
- outcomes of early psychiatric intervention

This research is important because it shows that mental health care in general hospitals is not optional decoration. It has measurable effects on patient and system outcomes.

C. Collaboration

CLP is deeply collaborative. It depends on teamwork with:

- physicians
- surgeons
- nurses
- psychologists
- social workers
- occupational therapists
- physiotherapists
- palliative care teams
- emergency staff

This collaboration is central to the identity of the field. The psychiatrist is not working in isolation but as part of a larger multidisciplinary system

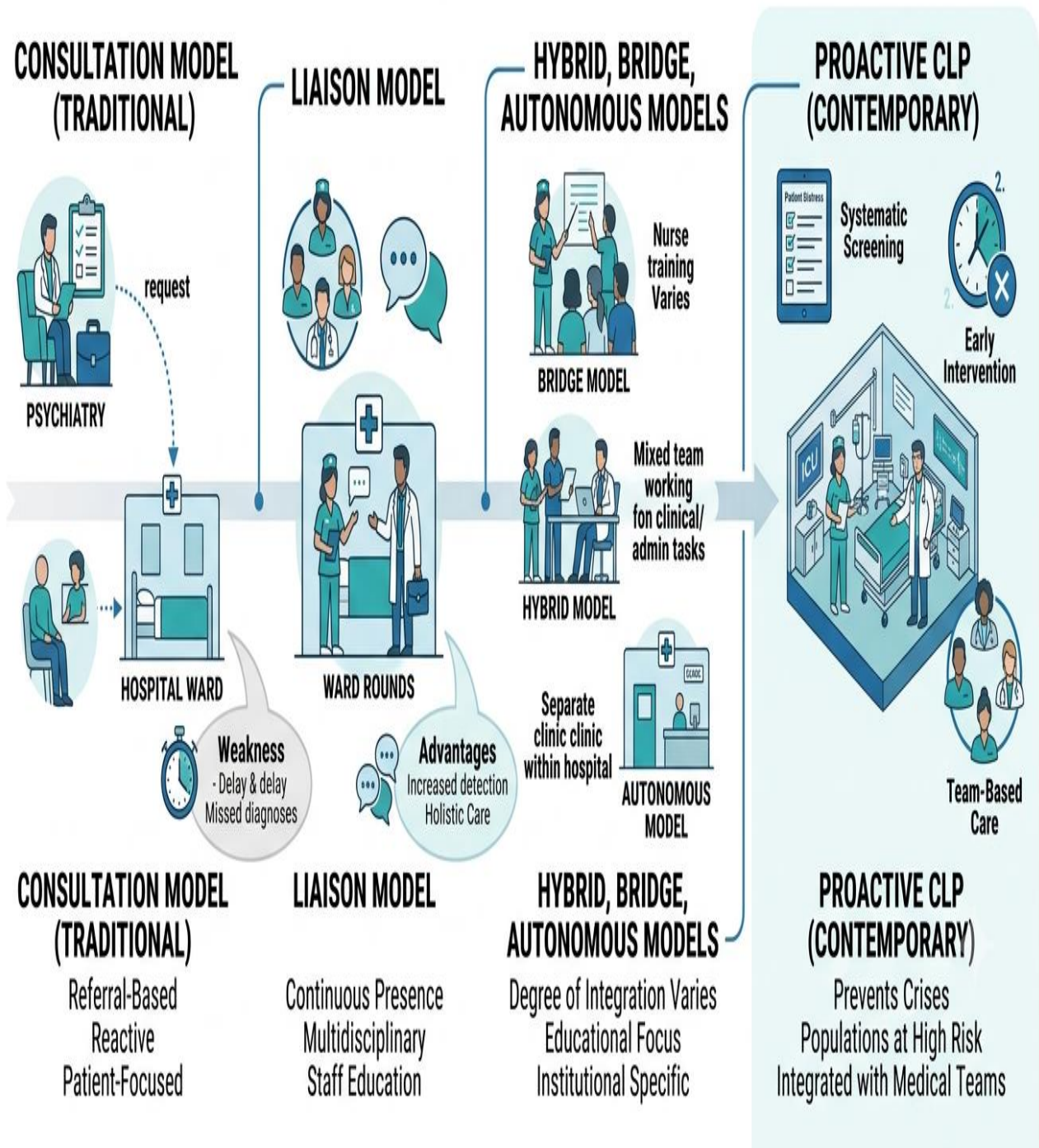
Major Models of Consultation–Liaison Psychiatry

Consultation–Liaison Psychiatry (CLP) has evolved considerably over the past century. As healthcare systems became increasingly complex, it became clear that no single model of psychiatric consultation could meet the diverse needs of every hospital, patient population, or healthcare system. Consequently, several models of Consultation-Liaison Psychiatry have been developed, each reflecting different philosophies of care, organizational structures, available resources, and levels of collaboration between psychiatry and other medical specialties.

The evolution of these models reflects a broader transformation in healthcare itself. Traditional healthcare was largely **reactive**, responding only after problems became obvious. Contemporary healthcare, however, emphasizes **early identification, prevention, multidisciplinary collaboration, and integrated patient-centered care**. Therefore, understanding the various CLP models enables psychiatric nurses and clinicians to appreciate how mental healthcare can be delivered effectively within different medical environments.

Although these models differ in organization and scope, they share one common objective: **to integrate psychiatric expertise into general medical care while improving patient outcomes, enhancing communication, and promoting holistic healthcare.**

Academic 4: Major Models of Consultation-Liaison Psychiatry



A. Consultation Model (Traditional Model)

What is the Consultation Model?

The Consultation Model represents the earliest and most traditional form of Consultation-Liaison Psychiatry. In this model, psychiatric involvement begins only after another healthcare professional identifies a psychological or behavioral concern and formally requests psychiatric consultation.

The psychiatrist functions primarily as an external specialist whose role is to evaluate a specific patient, establish a psychiatric diagnosis, assess risk, and provide treatment recommendations. Responsibility for implementing these recommendations usually remains with the referring medical team.

The consultation process generally follows four sequential steps:

1. The primary medical team identifies a psychiatric or behavioral concern.
2. A formal psychiatric consultation is requested.
3. The psychiatrist evaluates the patient.
4. Recommendations are communicated to the medical team.

This approach is fundamentally **reactive**, meaning psychiatric intervention occurs only after a problem has already become clinically apparent.

Philosophy of the Consultation Model

The traditional consultation model is based upon the principle of specialist referral. Similar to requesting consultation from a cardiologist or neurologist, psychiatric expertise is obtained only when another clinician recognizes the need.

Consequently, psychiatric care is viewed as a supplementary service rather than an integrated component of routine medical management.

Key Characteristics

- Referral-based.
- Patient-centered.
- Problem-focused.
- Episodic consultation.
- Limited ongoing interaction with the medical team.
- Psychiatrist functions primarily as an external consultant.

Advantages

The consultation model is relatively simple to organize and requires fewer psychiatric resources than more integrated models. It is cost-effective, easy to implement, and particularly useful in hospitals where psychiatric referrals occur infrequently.

Because psychiatric input is requested only when necessary, the psychiatrist can concentrate on complex cases requiring specialist expertise.

Limitations

Despite its practicality, the consultation model has several important limitations.

Psychiatric referral depends entirely upon the medical team's ability to recognize psychological problems. Unfortunately, many psychiatric conditions—particularly depression, delirium, anxiety disorders, cognitive impairment, and adjustment disorders—remain underdiagnosed in general hospitals.

As a result, referrals are frequently delayed until symptoms become severe, leading to prolonged hospitalization, increased healthcare costs, poorer treatment adherence, and avoidable complications.

Furthermore, limited communication between psychiatry and the medical team may reduce opportunities for prevention, education, and multidisciplinary collaboration.

B. Liaison Model

What is the Liaison Model?

The Liaison Model represents an important evolution beyond traditional consultation.

Rather than functioning as an external consultant, the psychiatrist becomes an integrated member of the multidisciplinary healthcare team. Psychiatric expertise is continuously available within the clinical environment, allowing earlier identification of psychological problems and ongoing collaboration with healthcare professionals.

The primary focus expands from treating an individual patient to improving the functioning of the **patient, healthcare team, and healthcare system simultaneously**.

Philosophy of the Liaison Model

The liaison model is founded upon the belief that psychiatric expertise should not be isolated from medical care. Instead, psychiatry should become embedded within everyday clinical practice through continuous collaboration, education, communication, and shared decision-making.

This philosophy recognizes that many medical outcomes are influenced not only by patient factors but also by staff communication, team dynamics, organizational culture, and healthcare systems.

Activities of the Liaison Psychiatrist

Within this model, the psychiatrist:

- Attends multidisciplinary ward rounds.
- Participates in case conferences.
- Provides continuous advice to healthcare staff.
- Assists with difficult communication.
- Educates staff regarding psychiatric disorders.
- Interprets challenging patient behaviors.
- Supports healthcare professionals experiencing emotionally demanding situations.

Where is the Liaison Model Most Commonly Used?

Because these specialties frequently involve complex psychosocial issues, the liaison model is particularly valuable in:

- Intensive Care Units (ICU).
- Oncology services.
- Nephrology and dialysis units.
- Organ transplantation programs.
- Palliative care.
- Burn units.
- Neurology services.

Advantages

Continuous psychiatric presence promotes earlier identification of mental health problems, strengthens multidisciplinary teamwork, improves communication, reduces stigma, and supports psychologically informed care.

Patients receive more holistic treatment because psychiatric care becomes integrated into routine medical management rather than remaining an isolated consultation service.

Limitations

This model requires greater psychiatric workforce availability, stronger institutional support, and sustained collaboration between departments. Smaller hospitals with limited psychiatric staffing may find continuous liaison services difficult to maintain.

C. Bridge, Hybrid, and Autonomous Models

As healthcare systems became increasingly diverse, several additional organizational models emerged to meet different institutional needs.

These models differ primarily according to:

- Degree of psychiatric integration.
- Educational responsibilities.
- Organizational independence.
- Collaboration within multidisciplinary teams.

1. Bridge Model

Philosophy

The Bridge Model focuses primarily on strengthening the mental health knowledge of non-psychiatric healthcare professionals.

Rather than managing every patient directly, the psychiatrist serves as an educator and consultant who empowers primary care physicians and hospital staff to recognize and manage common psychiatric problems independently.

The psychiatrist therefore acts as a bridge connecting psychiatric expertise with general medical practice.

2. Hybrid Model

Philosophy

The Hybrid Model combines the strengths of consultation and liaison approaches.

Psychiatrists provide direct patient care while simultaneously participating in education, quality improvement, multidisciplinary meetings, and service development.

This model reflects modern integrated healthcare, where clinical practice, education, research, and collaboration occur simultaneously.

3. Autonomous Model

Philosophy

In the Autonomous Model, psychiatric services function with greater professional independence.

The psychiatrist primarily manages psychiatric consultations separately from routine medical activities and has less continuous integration with the primary healthcare team.

Although specialist expertise remains available, collaboration is generally less intensive than in the liaison or hybrid models.

Important Concept

These organizational variations demonstrate that Consultation-Liaison Psychiatry is not limited to one style of practice.

Depending upon institutional needs, CLP may function as:

- A clinical consultation service.
- An educational resource.
- A collaborative multidisciplinary program.
- A healthcare systems intervention.

D. Proactive Consultation–Liaison Psychiatry

What is Proactive CLP?

Proactive Consultation-Liaison Psychiatry represents the most advanced and contemporary model of integrated psychiatric care.

Unlike traditional consultation services that wait for referrals, proactive CLP actively identifies patients at high risk of developing psychiatric complications before problems become clinically obvious.

The emphasis shifts from crisis management toward prevention, early detection, and timely intervention.

Philosophy of Proactive CLP

The central philosophy can be summarized in one sentence:

"Do not wait until psychiatric problems develop—identify vulnerability early and intervene before complications occur."

This approach aligns closely with preventive medicine, population health, and modern integrated healthcare.

Main Features

1. Systematic Screening

Patients admitted to high-risk medical units are routinely screened for depression, anxiety, delirium, cognitive impairment, suicide risk, substance misuse, and psychosocial distress.

2. Early Intervention

Psychiatric intervention occurs during the earliest stages of psychological deterioration rather than after behavioral crises emerge.

3. Team-Based Care

Psychiatrists, psychiatric nurses, physicians, psychologists, social workers, pharmacists, occupational therapists, and rehabilitation specialists collaborate continuously.

4. Integration with Medical Teams

Psychiatric professionals become embedded within everyday medical practice, participating in rounds, discharge planning, family meetings, and quality improvement initiatives.

Why is Proactive CLP Important?

Traditional consultation services are largely **reactive**. Psychiatric assessment often occurs only after severe agitation, suicide attempts, prolonged treatment refusal, or discharge delays have already developed.

Proactive CLP transforms this approach by emphasizing prevention.

Early recognition of psychiatric distress improves treatment adherence, shortens hospitalization, reduces complications, enhances patient satisfaction, lowers healthcare costs, strengthens communication, and ultimately improves both psychological and medical outcomes.

Reactive versus Proactive Consultation-Liaison Psychiatry

The fundamental difference between these approaches lies in timing.

Reactive CLP responds after psychiatric problems become clinically evident.

Proactive CLP identifies vulnerable patients before psychiatric complications interfere with medical treatment.

Reactive CLP asks:

"Who needs psychiatric consultation today?"

Proactive CLP asks:

"Which patients are most likely to need psychiatric support tomorrow?"

This shift from crisis management to prevention represents one of the most important advances in modern Consultation-Liaison Psychiatry.

Stages of Consultation-Liaison Psychiatry

Consultation-Liaison Psychiatry usually follows a **structured clinical process** rather than a random or isolated intervention. The consultation moves through a number of stages, beginning with gathering information and ending with evaluating whether the intervention was effective. These stages help ensure that psychiatric input is organized, clinically relevant, and integrated with the patient's medical care.

The main stages are:

1. Pre-consultation phase
2. Interpretive phase
3. Diagnostic phase
4. Treatment planning phase
5. Implementation phase
6. Evaluation phase

1. Pre-consultation Phase

The **pre-consultation phase** is the initial stage of the consultation process. At this point, the psychiatrist or liaison team begins by collecting as much relevant information as possible before making conclusions.

Main purpose

The aim of this stage is to understand the **background of the patient and the referral problem**.

What happens in this phase?

The psychiatrist reviews:

- the reason for referral
- the patient's medical diagnosis
- past psychiatric history
- current medications
- previous admissions
- laboratory and imaging findings if relevant
- nursing notes and behavioral observations
- family information and social background

The psychiatrist may also clarify why the medical team requested the consultation. Sometimes the referral question is obvious, such as agitation, suicide risk, or treatment refusal. In other cases, the request may be vague, such as “patient is difficult” or “please assess mentally.” In such situations, part of the pre-consultation work is to define the problem more clearly.

Why is this stage important?

Because good psychiatric consultation depends on good preparation. If the psychiatrist begins assessment without understanding the medical context, they may miss an important cause of symptoms, such as delirium, medication effects, pain, or severe illness.

Example

A patient is referred because he is “confused and uncooperative.”

In the pre-consultation phase, the psychiatrist may find that the patient:

- is elderly
- recently had surgery
- has infection
- is receiving multiple medications

This already raises suspicion of delirium before the interview even begins.

2. Interpretive Phase

The **interpretive phase** is the stage where the psychiatrist begins to make sense of the collected information.

Main purpose

The aim here is to **understand what may be happening psychologically and psychiatrically**.

What happens in this phase?

The psychiatrist interprets:

- the patient’s symptoms
- the timing of symptom onset
- the relationship between physical illness and mental state
- the patient’s emotional reaction to illness
- the behavior observed by staff

- the meaning of the referral question

This phase is not yet about giving a final diagnosis. Instead, it is about analyzing the available data and asking:

- Is this a primary psychiatric disorder?
- Is this caused by the medical condition?
- Is it medication-related?
- Is it an adjustment reaction?
- Is staff misunderstanding the patient's behavior?
- Are there family, cultural, or psychosocial influences?

Why is this stage important?

Because symptoms in medically ill patients are often complex and may have more than one explanation. For example, agitation may be due to delirium, fear, pain, psychosis, withdrawal, or personality-related coping style. The interpretive phase helps build the clinical picture.

Example

A patient with cancer appears withdrawn, refuses food, and avoids eye contact.

Interpretation may include:

- depression
- severe anxiety
- adjustment disorder
- demoralization
- physical weakness or fatigue

The psychiatrist needs to interpret carefully before labeling the patient.

3. Diagnostic Phase

The **diagnostic phase** is the stage in which the psychiatrist identifies the psychiatric problem or problems affecting the patient.

Main purpose

The aim is to reach a **working psychiatric diagnosis** or formulation.

What happens in this phase?

After interviewing the patient, reviewing the case, and interpreting the data, the psychiatrist decides which mental health condition best explains the presentation.

This may include diagnosing:

- delirium
- depression
- anxiety disorder
- psychosis
- substance withdrawal
- somatic symptom disorder
- adjustment disorder
- suicidality
- behavioral disturbance related to illness

In many CLP cases, diagnosis is not purely categorical. The psychiatrist may also formulate:

- predisposing factors
- precipitating factors
- maintaining factors
- medical contributors
- psychosocial contributors

So diagnosis in CLP is often broader than just naming a disorder. It may involve understanding the **interaction between body, mind, and context**.

Why is this stage important?

Because treatment depends on accurate diagnosis. Managing delirium is different from managing depression, and treatment refusal due to psychosis is different from treatment refusal due to informed personal choice.

Example

A patient with agitation and visual hallucinations may be diagnosed with delirium, not schizophrenia, if symptoms are acute, fluctuating, and associated with medical instability.

4. Treatment Planning Phase

The **treatment planning phase** is where the psychiatrist develops a management plan based on the diagnostic understanding.

Main purpose

The goal is to decide **what should be done next**.

What happens in this phase?

The psychiatrist creates a plan that may include:

- medication recommendations
- psychological support
- nursing strategies
- environmental modification
- family meetings
- risk management
- follow-up review
- referral to other professionals such as psychologists or social workers

The plan is usually shared with the medical team and adapted to the patient's physical condition.

Elements of treatment planning

The plan may answer questions such as:

- Does the patient need urgent psychiatric treatment?
- Is the patient at risk of harm to self or others?
- Should psychotropic medication be started or changed?
- Does the patient need one-to-one observation?
- Does the team need advice on communication?
- Does discharge planning need mental health follow-up?

Why is this stage important?

Because psychiatric consultation should be practical and useful. It is not enough to say what the problem is — the psychiatrist must also offer a clear and realistic plan that fits the medical setting.

Example

For a delirious patient, the treatment plan may include:

- reviewing medications
- treating underlying medical cause
- minimizing benzodiazepines
- orienting the patient
- ensuring sleep support
- educating staff on calm management

5. Implementation Phase

The **implementation phase** is the stage where the treatment plan is actually carried out.

Main purpose

The goal is to **translate recommendations into action**.

What happens in this phase?

At this stage:

- medications may be started, stopped, or adjusted
- the nursing team may follow a behavioral care plan
- family may be informed and involved
- referrals may be made
- safety measures may be introduced
- communication strategies may be used by the medical team

Implementation is usually multidisciplinary. The psychiatrist may recommend the plan, but the plan is often carried out by:

- nurses
- physicians
- psychologists
- social workers
- occupational therapists
- family caregivers

Why is this stage important?

Because even the best treatment plan has no value unless it is implemented effectively. In CLP, success depends greatly on teamwork and communication.

Example

If the psychiatrist recommends suicide precautions, family education, antidepressant review, and psychological support, these must be communicated clearly so the team can carry them out safely.

6. Evaluation Phase

The **evaluation phase** is the final stage, where the psychiatrist reviews the effect of the intervention and decides whether the plan is working.

Main purpose

The goal is to determine **whether the patient is improving and whether the plan needs adjustment.**

What happens in this phase?

The psychiatrist reassesses:

- mental state
- behavior
- risk
- treatment response
- communication with staff
- family response
- readiness for discharge or follow-up

At this stage, the psychiatrist may decide:

- continue the same plan
- modify treatment
- step down observation
- arrange outpatient follow-up
- end consultation if the problem has resolved

Why is this stage important?

Because CLP is a dynamic process. The patient's medical condition may change, psychiatric symptoms may improve or worsen, and the needs of the team may evolve. Evaluation ensures that care remains appropriate.

Example

A patient initially referred for agitation may become calmer after pain is controlled and delirium improves. At evaluation, the psychiatrist may reduce the level of supervision and shift the focus toward discharge planning.

The qualifications of PLCN

1. Educational Requirements

- Must hold a valid **nursing license** (Registered Nurse – *RN* or Licensed Practical Nurse – *LPN*).
- Preferably has a **Bachelor's or Master's degree in psychiatric or mental health nursing**.
- Additional postgraduate training in **consultation-liaison psychiatry** or **psychosomatic medicine** is highly valued.

2. Clinical Experience

- Solid background in **general nursing practice** — including experience in medical and surgical wards.
- **Advanced clinical skills in psychiatric nursing**, such as assessment, crisis intervention, and therapeutic communication.
- Experience in **supervisory or administrative roles** is beneficial for coordination and leadership within multidisciplinary teams.

3. Knowledge and Skills

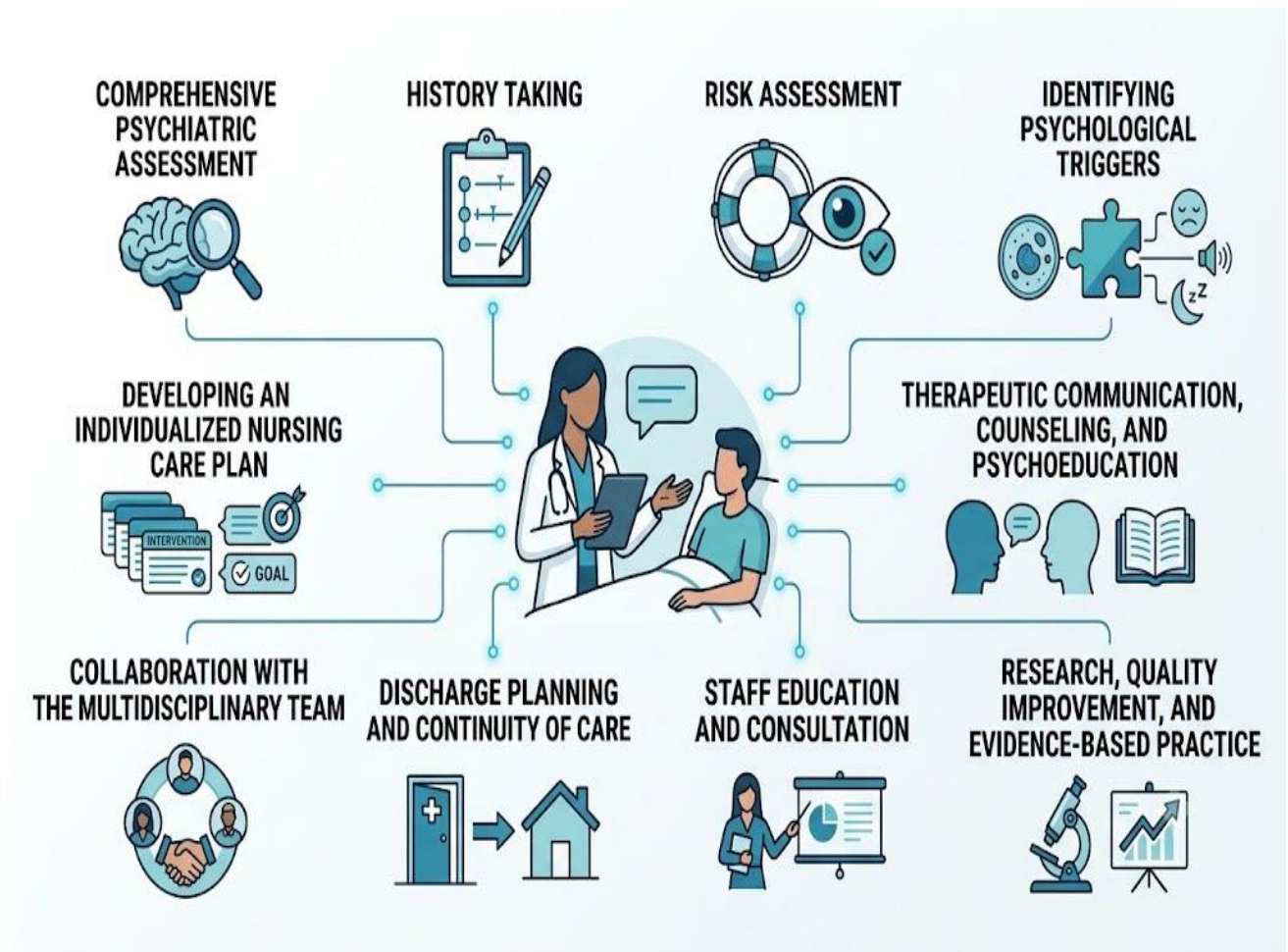
- **Comprehensive medical knowledge** to understand how psychological issues affect physical health.
- **Interpersonal and communication skills** to effectively collaborate with doctors, nurses, and patients.
- **Assessment and documentation skills** for accurate psychiatric evaluation within a general hospital context.
- **Problem-solving and decision-making abilities** to handle complex psychosocial situations.

The Role of the Liaison Psychiatric Nurse (PLCN)

The Psychiatric Liaison Clinical Nurse (PLCN) is considered one of the cornerstone professionals within Consultation–Liaison Psychiatry. While psychiatrists often provide diagnostic expertise and treatment recommendations, liaison psychiatric nurses ensure that psychiatric care is continuously integrated into daily patient management. Because nurses spend more time with patients than any other healthcare professional, they are uniquely positioned to identify subtle psychological changes, recognize early behavioral disturbances, provide therapeutic interventions, and coordinate multidisciplinary care.

The role of the liaison nurse extends far beyond traditional nursing responsibilities. Rather than focusing solely on physical care, the liaison psychiatric nurse addresses the complex interaction between biological illness, psychological distress, social circumstances, family dynamics, and behavioral responses. Consequently, the PLCN functions simultaneously as a clinician, counselor, educator, advocate, coordinator, consultant, researcher, and leader within the multidisciplinary healthcare team.

Ultimately, the liaison psychiatric nurse serves as the bridge between mental health services and general medical care, ensuring that patients receive comprehensive biopsychosocial treatment throughout their hospitalization.



1. Comprehensive Psychiatric Assessment

Why is it Important?

Comprehensive psychiatric assessment is the foundation of all liaison psychiatric nursing interventions. Many medically ill patients develop psychological symptoms that remain unrecognized because healthcare professionals focus primarily on physical illness. Early psychiatric assessment enables timely identification of emotional distress, psychiatric disorders, cognitive impairment, suicide risk, and maladaptive coping before these problems interfere with treatment.

The liaison psychiatric nurse performs a holistic assessment that includes the patient's mental status, emotional state, cognition, perception, behavior, coping mechanisms, family relationships, cultural beliefs, social support, substance use history, and previous psychiatric illness.

Importantly, assessment also explores how psychological factors influence the patient's medical condition and vice versa.

2. History Taking

Why is it Important?

Accurate history taking provides essential information that allows clinicians to distinguish between primary psychiatric disorders and psychiatric symptoms secondary to medical illness or medications.

The liaison psychiatric nurse collects detailed information regarding previous psychiatric diagnoses, current medications, substance use, family psychiatric history, psychosocial stressors, personality characteristics, coping styles, traumatic experiences, and recent life events. This comprehensive understanding allows individualized care planning and prevents diagnostic errors.

3. Risk Assessment

Why is it Important?

One of the most critical responsibilities of the liaison psychiatric nurse is maintaining patient safety.

Risk assessment includes evaluation of:

- Suicide risk.
- Self-harm.
- Violence toward others.
- Falls.
- Delirium-related accidents.
- Treatment refusal.
- Vulnerability.
- Capacity for safe decision-making.

The nurse continuously monitors changes in risk because psychiatric symptoms may fluctuate rapidly during hospitalization.

4. Identifying Psychological Triggers

Why is it Important?

Behavior rarely occurs without an underlying cause. The liaison psychiatric nurse identifies biological, psychological, environmental, and social triggers contributing to emotional or behavioral disturbances.

Potential triggers include:

- Pain.
- Sleep deprivation.
- Fear of diagnosis.
- Medication side effects.
- Family conflict.
- Financial stress.
- Previous trauma.
- Hospital environment.
- Cognitive impairment.

Understanding triggers enables interventions that address the underlying problem rather than merely controlling symptoms.

Clinical Example

A patient repeatedly removes oxygen therapy during the night. Assessment reveals severe claustrophobia rather than intentional noncompliance.

5. Developing an Individualized Nursing Care Plan

Why is it Important?

Every patient's psychological needs differ according to diagnosis, coping style, family support, cultural beliefs, and physical condition.

The liaison psychiatric nurse develops individualized nursing care plans incorporating psychiatric interventions alongside medical treatment. Care plans include measurable goals, therapeutic communication strategies, behavioral interventions, psychoeducation, family involvement, environmental modification, and multidisciplinary collaboration.

6. Therapeutic Communication, Counseling, and Psychoeducation

Why is it Important?

Many hospitalized patients experience uncertainty, fear, guilt, grief, or hopelessness. Therapeutic communication allows patients to express emotions, process experiences, and develop adaptive coping strategies.

The liaison psychiatric nurse provides:

- Emotional support.
- Brief counseling.
- Health education.
- Stress management.
- Coping skills training.
- Family education.
- Medication education.

Education reduces anxiety, improves treatment adherence, and empowers both patients and caregivers.

7. Collaboration with the Multidisciplinary Team

Why is it Important?

Consultation-Liaison Psychiatry depends upon effective multidisciplinary collaboration.

The liaison nurse communicates psychiatric findings to physicians, psychiatrists, psychologists, social workers, occupational therapists, physiotherapists, pharmacists, and community mental health services. This collaboration ensures coordinated care and prevents fragmented treatment.

The nurse also assists medical teams in understanding difficult patient behaviors from a psychological perspective.

8. Discharge Planning and Continuity of Care

Why is it Important?

Hospital discharge does not signify the end of psychiatric care. Many patients require ongoing psychological support following discharge.

The liaison psychiatric nurse coordinates referrals to community mental health services, outpatient psychiatric clinics, primary healthcare providers, rehabilitation programs, and family support resources.

Effective discharge planning reduces relapse, readmission, and interruption of psychiatric treatment.

9. Staff Education and Consultation

Why is it Important?

Many healthcare professionals receive limited training in psychiatric assessment and behavioral management.

The liaison psychiatric nurse educates staff regarding:

- Delirium recognition.
- Suicide prevention.
- Therapeutic communication.
- De-escalation techniques.
- Trauma-informed care.

- Management of aggression.
- Capacity assessment.
- Psychological first aid.

Staff education improves patient safety and increases confidence among healthcare professionals.

10. Research, Quality Improvement, and Evidence-Based Practice

Why is it Important?

Modern liaison psychiatric nursing extends beyond direct patient care.

Advanced practice nurses participate in:

- Clinical research.
- Service evaluation.
- Quality improvement projects.
- Development of clinical guidelines.
- Mental health policy implementation.
- Evidence-based practice initiatives.

These activities strengthen liaison psychiatry services and improve patient outcomes at the organizational level.

Summary

Consultation-Liaison Psychiatry (CLP) is a specialized branch of psychiatry that integrates mental healthcare into general medical and surgical settings, reflecting the principles of the **biopsychosocial model, holistic care, and person-centered care**. Rather than treating psychiatric disorders in isolation, CLP recognizes that physical illness and psychological health are closely interconnected, and that patients should be understood as whole persons whose biological, psychological, social, cultural, and spiritual needs collectively influence health outcomes.

The primary mission of CLP is to assess and manage the psychological, emotional, behavioral, and psychiatric problems that arise during physical illness while supporting multidisciplinary collaboration and improving communication between patients and healthcare professionals. Psychological reactions such as fear, anxiety, hopelessness, and adjustment difficulties are common responses to illness, whereas behavioral disturbances—including treatment refusal, agitation, or non-adherence—often represent underlying psychiatric, cognitive, or psychosocial problems rather than intentional noncompliance. In addition, CLP provides comprehensive assessment and management of psychiatric disorders such as depression, delirium, psychosis, anxiety disorders, bipolar disorder, substance use disorders, and suicidality within medically ill patients.

Different models of CLP have evolved to meet varying healthcare needs. The traditional **Consultation Model** is referral-based and reactive, whereas the **Liaison Model** emphasizes continuous collaboration with multidisciplinary teams. More recent approaches, including the **Bridge, Hybrid, and Autonomous Models**, reflect different levels of integration, education, and organizational structure. However, **Proactive Consultation-Liaison Psychiatry** represents the contemporary evidence-based model by promoting systematic screening, early identification, preventive intervention, multidisciplinary teamwork, and full integration of psychiatric care into routine medical practice.

The **Psychiatric Liaison Clinical Nurse (PLCN)** plays a pivotal role within Consultation-Liaison Psychiatry. Through comprehensive psychiatric assessment, therapeutic communication, risk assessment, psychosocial support, patient and family education, multidisciplinary collaboration, discharge planning, staff consultation, and evidence-based practice, the liaison nurse ensures that psychological care becomes an integral component of physical healthcare. Consequently, the PLCN functions not only as a clinician but also as an educator, advocate, coordinator, consultant, researcher, and leader within the healthcare system.

Ultimately, Consultation-Liaison Psychiatry exemplifies the transition from disease-centered medicine to integrated, person-centered, and holistic healthcare. By addressing the interaction between physical illness and mental health, promoting early intervention, and strengthening multidisciplinary collaboration, CLP improves patient safety, treatment adherence, quality of life, healthcare efficiency, and overall clinical outcomes. It therefore represents one of the most important applications of contemporary psychiatric nursing within general healthcare settings.

References:

- American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. American Nurses Association.
- Varcarolis, E. M. (2021). *Essentials of psychiatric mental health nursing: A communication approach to evidence-based care* (9th ed.). Elsevier.
- Ho, P.A., Girgis, C., Rustad, J. K., Noordsy, D., & Stern, T. A. (2019). Advancing the mission of consultation-liaison psychiatry through innovation in teaching. *Psychosomatics*, 60(6), 539-548.