Liaison Psychiatric Nursing

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2025 / 2026

Objectives

- At the end of this discussion each candidate will be able to:

- ✓ Explain the concept of Consultation-Liaison Psychiatry
- ✓ Discuss Core Roles of the Consultation-Liaison Psychiatrist
- ✓ Discuss Major Models of Consultation-Liaison Psychiatry
- ✓ Identify the scope of liaison mental health nursing
- ✓ Recognize The Goals for liaison psychiatry

Objectives

- At the end of this discussion each candidate will be able to :

✓ Explain Common reasons for referring to liaison psychiatry

✓ Discuss Stages of Consultation-Liaison Psychiatry

✓ Describe required Qualifications for PLCN

✓ Recognize The Role of liaison psychiatric nursing

✓ Discuss Challenges of liaison psychiatric nursing

✓ Identify the Ethical and Legal Considerations

Outline

- ✓ Definitions of Consultation-Liaison Psychiatry
- ✓ History of Consultation-Liaison Psychiatry
- ✓ Why Consultation-Liaison Psychiatry is Important
- ✓ Core Roles of the Consultation-Liaison Psychiatrist
- ✓ Major Models of Consultation-Liaison Psychiatry
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Outline

- ✓ Goals of liaison psychiatry
- ✓ Settings of liaison psychiatry
- ✓ Common reasons for referring to liaison psychiatry
- ✓ Stages of Consultation-Liaison Psychiatry
- ✓ Qualifications of PLCN

Outline

- ✓ Skills of liaison nurse
- ✓ Role of liaison psychiatric nursing
- ✓ Challenges of liaison psychiatric nursing
- ✓ Ethical and Legal Considerations

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.

Introduction

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

Definition of Consultation-Liaison Psychiatry

Consultation-Liaison Psychiatry, often abbreviated as **CLP**, is a subspecialty of psychiatry that works within the **general hospital** and other non-psychiatric medical settings. Its role is to assess and manage the psychological, emotional, behavioral, and psychiatric problems of patients who are being treated for physical illness. It also includes **teaching**, **research**, and **collaboration** with medical and surgical team

Definition of Consultation-Liaison Psychiatry

The term has two important parts:

Consultation means that the psychiatrist is asked by another medical team to evaluate a patient and give expert advice regarding diagnosis, risk, behavior, and treatment.

Liaison means that the psychiatrist does not only see the patient, but also acts as a bridge between:

- the patient and the medical team
- psychiatry and the rest of the hospital
- psychological understanding and physical medicine

So, CLP is not just “psychiatry inside a hospital.” It is the field that connects **mind and body**, and helps the hospital care for the patient as a whole person.

Definitions

Liaison psychiatry : the sub- specialty which provides psychiatric treatment of patients attending general hospitals. Therefore it deals with the inference between physical and psychological health

Liaison nurse : a nurse specialist who provide psychiatric nursing services in non-psychiatric settings that addresses the psychosocial issues of the patient care.

History

Historical Development of CLP

Major milestones include:

-1902: the first general hospital psychiatry unit was established at Albany Hospital.

-1929: Henry published one of the first papers discussing consultation psychiatry in general hospital practice.

-1934: Edward Billings established the first formal liaison psychiatry division, called the **Psychiatric Liaison Department**, in Colorado General Hospital.

History

- 1970: The term and the role of liaison mental health nursing become more wide spread and accepted in the USA especially in emergency room

-1990 The American Nurses Association has outlined the role of psychiatric consultation liaison nursing in more details, identify it as subspecialty of psychiatric mental health nursing requiring the qualification of master degree to practice

Why Consultation-Liaison Psychiatry is Important

CLP is important because psychiatric problems are very common among medically ill patients.
Studies show that a very large proportion of general hospital patients have psychiatric comorbidity. The literature notes that roughly **one-third of general hospital patients** have psychiatric comorbidity, and some studies suggest that **up to half of medical inpatients** may have a clinically actionable psychiatric concern (**Oldham et al., 2021**).
In another study, the prevalence of psychiatric comorbidity among general hospital inpatients was reported to range from **26% to 39%** (**Lanvin et al., 2022)**

Why Consultation-Liaison Psychiatry is Important

This is clinically significant because psychiatric comorbidity is associated with several negative outcomes include:

-longer hospital stay

-higher medical cost

-increased readmission

-poorer adherence to treatment

-more difficult communication with staff

-worse overall outcomes

So CLP improves care not only for mental health, but also for the patient's medical recovery, hospital efficiency, and teamwork

Core Roles of the Consultation-Liaison Psychiatrist

The CL psychiatrist usually has several roles at the same time.

A. Clinical role

The psychiatrist assesses and manages psychiatric symptoms in medically ill patients, such as:

depression

anxiety

delirium

suicidality

psychosis

substance use

behavioral disturbance

treatment refusal

adjustment problems

Core Roles of the Consultation-Liaison Psychiatrist

B. Liaison role

The psychiatrist improves communication and understanding between the patient and the medical team. This is especially important when behavior, emotions, confusion, or stigma interfere with care.

C. Educational role

The psychiatrist teaches non-psychiatric staff how to recognize and manage psychiatric problems in medical settings.

D. Systems role

The psychiatrist may help design pathways, improve referral systems, reduce delays, and support quality improvement in the hospital

Major Models of Consultation-Liaison Psychiatry

Major Models of Consultation-Liaison Psychiatry

Different models have been proposed for how CLP can be practiced.

The scoping review summarizes these models in a very helpful way.

A. Consultation Model

This is the traditional model.

The primary medical team identifies a psychiatric problem and requests a consultation. The psychiatrist then assesses the patient and gives recommendations.

Advantages

simple

commonly used

less expensive

Limitations

depends on the medical team recognizing the psychiatric problem

often reactive rather than early

referrals may happen late

Major Models of Consultation-Liaison Psychiatry

B. Liaison Model

In this model, the psychiatrist has a stronger ongoing relationship with the medical team. The psychiatrist does not only see referred patients, but also teaches, supports, and collaborates with staff.

Main idea

The focus expands from “one patient” to “the patient plus the team plus the system.”

This model is especially useful in specialty units such as:

ICU

oncology

nephrology

transplant

palliative care

Major Models of Consultation-Liaison Psychiatry

C. Bridge / Hybrid / Autonomous Models

The scoping review also describes models where the psychiatrist's role is more educational, more integrated with multidisciplinary teams, or more independent depending on service structure.

These classifications are useful academically, but in modern practice the biggest distinction is usually between **reactive consultation** and **proactive integrated care**.

Major Models of Consultation-Liaison Psychiatry

D. Proactive Consultation-Liaison Psychiatry

This is the most important modern development.

The APA resource document describes proactive CLP as an inpatient version of integrated collaborative care. Its main features are:

systematic screening for psychiatric concerns

early intervention tailored to patient needs

team-based care

integration with the primary team

Instead of waiting until a problem becomes severe, proactive CLP tries to identify patients early.

Why is this important?

Because traditional hospital medicine is often reactive. The psychiatrist is called late, after the patient becomes agitated, refuses treatment, develops severe confusion, or delays discharge. Proactive CLP tries to prevent that.

The Difference Between Reactive and Proactive CLP

The Difference Between Reactive and Proactive CLP

Reactive CLP

psychiatrist is called only after a problem is noticed

often late

often crisis-focused

may miss many patients with significant psychiatric need

Proactive CLP

systematic screening

early identification

ongoing collaboration

team-based approach

prevention mindset

Reactive CLP waits for the fire.

Proactive CLP looks for the smoke

Liaison mental health nursing

Liaison Mental Health Nursing is a growing and specialized field within mental health nursing. It focuses on providing psychological and emotional support to patients who are being treated in general healthcare settings, not psychiatric hospitals. This type of nursing is especially important **in places like emergency departments and oncology units**, where **patients often face high levels of stress, trauma**, or fear related to their medical conditions.

Scope of liaison mental health nursing

1.Hospital Settings

1. **Inpatient units:** Managing patients with co-existing physical and psychological conditions.
2. **Outpatient clinics:** Offering follow-up support, psycho education, and crisis intervention.
3. **Emergency departments:** Assessing and stabilizing patients with acute psychological distress, self-harm, or behavioral crises.
4. **Specialized medical units:** Such as **oncology, cardiology, obstetrics, surgery, and intensive care**, where emotional reactions to illness are common.

Scope of liaison mental health nursing

2- Community

1. Providing **continuity of care** for patients discharged from hospitals.
2. Supporting **families and caregivers** dealing with stress, grief, or long-term illness.
3. Promoting **mental health awareness** and early identification of psychiatric symptoms in community health programs.
4. Offering **psychological support in palliative and end-of-life care** settings.

Scope of liaison mental health nursing

3- Inter professional and Educational Roles

1. Acting as a **bridge** between mental health and general healthcare teams.
2. **Educating healthcare staff** about recognizing and managing psychological problems in medical patients.
3. **Consulting** on complex cases where physical and psychological issues overlap.

Settings of liaison psychiatry

- Medical and surgical wards
- Emergency departments
- Intensive care units (ICU)
- Oncology, palliative care, obstetrics, and pediatrics
- Outpatient liaison services
- Burn unit, dialysis departments

Goals of liaison psychiatry

- **Assist patients with mental health concerns within a medical context**
- **Move from institutional to community-based preventive psychiatry**
- **Make mental health concerns applicable and understandable for medical colleagues**
- **Improve patient lives via collaboration with medical colleagues**

Reasons for referring to liaison psychiatry

- Patients with medical conditions result in psychiatric or behavioral symptoms as , depression and anxiety
- Individuals with self harm and are being in the emergency room
- Patients with mental illness admitted for medical illness
- Patient with medical unexplained physical symptoms : there is no organic causes of illness
- Patient experiencing distress out of their medical illness

Reasons for referring to liaison psychiatry

- Medical surgical patients having psychiatric symptoms as hallucinations / delusions
- The symptoms continue despite the treatment.
- Behavioral disturbance in ward.
- Patient appear to be unable to manage at home.

Common Psychiatric Conditions Encountered

- Depressed mood
- Agitation
- Disorientation
- Hallucinations
- Anxiety
- Sleep disorder
- Suicide attempt
- Behavioral disturbance

Stages of Consultation-Liaison Psychiatry

Stages of Consultation-Liaison Psychiatry

It involves :

- **Pre-consultation phase**
- **Interpretive phase**
- **Diagnostic phase**
- **Treatment planning phase**
- **Implementation phase**
- **Evaluation phase**

Stages of Consultation-Liaison Psychiatry

1. **Pre-consultation phase:** This is where the psychiatrist gathers information about the patient. This may include things like medical history, current medications, and mental health history.
2. • **Interpretive phase:** During this stage, the psychiatrist tries to understand what is happening with the patient. They will look at all of the information they have gathered so far.

Stages of Consultation-Liaison Psychiatry

3-Diagnostic phase: This is when the psychiatrist decides which mental health problems the patient has.

4-Treatment planning phase: During this stage, the psychiatrist develops a plan for treating the patient's mental health problems.

5- Implementation phase: This is when the plan is put into action.

6-Evaluation phase: This is when the psychiatrist evaluates how well the plan is working.

Liaison psychiatry multidisciplinary teams

The Multidisciplinary Team Typically Includes:

Consultant Psychiatrist

Leads the team.

Provides specialist diagnosis, treatment planning, and medication management.

Liaises with other medical consultants.

Liaison psychiatry multidisciplinary teams

Psychiatric Liaison Clinical Nurse (PLCN)

First point of contact for most referrals.

Assesses patients, provides counseling, crisis intervention, and education for ward staff.

Bridges communication between psychiatry and medical/surgical teams.

Clinical Psychologist

Conducts psychological assessments and delivers brief therapy or behavioral interventions.

Helps patients cope with illness, pain, or emotional distress.

Liaison multidisciplinary teams

Social Worker

Addresses social, family, and community issues affecting the patient’s mental health.

Coordinates discharge planning and community follow-up.

Occupational Therapist

Helps patients regain daily functioning and adapt to illness or disability.

Promotes rehabilitation and coping skills.

Administrative / Support Staff

Manages referrals, appointments, and communication between departments.

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.

The qualifications of PLCN

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.

Role of liaison nurse

- Provide psychiatric assessment and treatment to distressed patients in a hospital. Provide valuable interface between mental and physical health.
- History taking
- Assess the patient level of risk to self & others to make hospital environment safe for the patient & to every one
- Identify the triggers to symptoms & behaviors which are the basis of physical illness
- Formulate nursing care based on the needs & problems of the patient
- Provide guidance , teaching , support & counseling for patient & care givers (staff & family)
- Follow up

Role of liaison nurse cont.

- Collaborates with all health care teams on the development of treatment, discharge and transfer plans and implements the plan.
- Links with appropriate community and hospital services to access resources and advocate for patients and families.
- Provide psychological support to families of critically ill.
- Participates in the development of mental health policies, guidelines and forms for use in emergency departments and maintains documentation.

Role of liaison nurse cont.

- Provide cognitive behavior therapy as a part of liaison team.
- updating trends in mental health nursing and incorporating in the day to day practice.
- Undergoing continuing nursing education on caring mental health needs at general hospitals.
- Incorporating the evidence based practice in to research and training as advanced practice nurse.

Role of liaison nurse cont.

❑ Liaising and Referring

---PLNs collaborate with mental health services to ensure that patients receive appropriate and timely follow-up care and support after discharge from the general hospital

---Provide essential admission details, liaising with community mental health teams to arrange outpatient appointments, providing information on local support services.

---PLNs are crucial in receiving information from community mental health services about patients who are referred to the hospital and/or emergency department.

Role of liaison nurse cont.

- Service Development

PLNs are also responsible for conducting research and quality improvement to help improve the delivery of liaison psychiatry services.

They collect and analyze data on patient outcomes, develop new interventions or approaches to care, develop care pathways or protocols, and share best and modern policies and practices with other healthcare professionals.

Challenges of the Consultation liaison cont.

- Despite its importance, liaison psychiatry faces several challenges.
- **Limited resources, including funding and workforce**, **Variability in services, Coordination of care.**
- Additionally, **stigma** and misconceptions surrounding mental health can affect patient engagement and treatment outcomes.

Challenges of the Consultation liaison cont.

- Lack of **teamwork** and mutual respect to the other health care members.
- **Lack of policy guidelines** for autonomy in nursing practice.
- **Shortage** of nursing **manpower and training** in mental health at general health settings.
- Poor working and services conditions of nurses **without any clear cut job description.**

Ethical and Legal Considerations

.1. Patient Consent and Autonomy

•Before giving any treatment, nurses must **explain** what will happen, why it's needed, and what the options are.

•The patient must **agree (give consent)** freely — not be forced or misled.

•Even patients with mental illness should be included in decisions as much as possible.

•**Example:** Before giving a sedative for anxiety, the nurse explains its purpose and side effects, and asks if the patient agrees.

Ethical and Legal Considerations

. 2. Confidentiality in Multidisciplinary Settings

•Information shared by patients must be kept private.

•**In liaison psychiatry**, nurses work with doctors, social workers, and others — but they must share only **necessary information** for the patient's care.

•No gossiping or revealing sensitive details to people not involved in treatment.

•**Example:** A nurse can discuss a patient's depression with the medical team to plan care, but shouldn't talk about the patient's personal problems in public areas.

Ethical and Legal Considerations

. 3. Managing Aggression and Restraint Use Ethically

- Patients sometimes become aggressive or violent due to illness or fear.
- Nurses must use calm communication and de-escalation first, not force.
- Physical or chemical restraints should be the last option — only if the patient or others are in danger.
- Always use the least restrictive method and follow hospital policies.
- Document why and how restraint was used**.**

Ethical and Legal Considerations

4. Documentation Standards and Legal Responsibilities

- Everything done for a patient must be accurately recorded — assessments, care plans, interventions, and patient responses.
- Records are legal documents, used to show what care was given and protect both the patient and the nurse.
- Notes should be clear, factual, timely, and confidential.
- Example: After a patient shows aggression, the nurse records what happened, what actions were taken, and how the patient responded, no personal opinions or judgmental language.

Conclusion

Overall, the role of the PLN is critical in providing comprehensive psychiatric care to patients with organic and physical disorder. By working closely with the multidisciplinary team and using their expertise and skills, PLNs help to ensure that patients receive appropriate and timely care that addresses their mental health needs. Their unique combination of clinical expertise, advocacy skills, and as well as their ability to facilitate communication and collaboration between medical teams, makes them an essential and unique part of the liaison psychiatry team.

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.