

The psychological care of medical patients

Recognition of need and service provision

SUMMARY OF A REPORT OF A JOINT WORKING PARTY OF THE ROYAL COLLEGES OF PHYSICIANS AND PSYCHIATRISTS

This report has been produced in order to facilitate the development of services for patients with psychological disorders in the general hospital. The specific aims of the report are:

- to improve the ability of general hospital staff to detect psychological disorders and to increase their skills and confidence in managing them
- to encourage purchasers to establish comprehensive psychiatric liaison services in all provider units.

These measures are expected to lead to an environment in which both the psychological and physical needs of the patient receive appropriate attention.

Psychological disorders occur frequently in the general hospital. One-quarter of all new patients entering the psychiatric service do so via the general hospital. Life-threatening or disabling physical illness may cause great physical distress; alternatively, especially in elderly people, the illness may directly affect brain function. In addition, some patients present with bodily symptoms that actually indicate underlying psychological disorder. Such patients are often worried that an organic illness may be causing their symptoms and repeatedly request investigations; a few are seriously disturbed and at high risk of committing suicide. Other patients have alcohol or drug related problems or attend the hospital having deliberately harmed themselves. People with physical illness often have relationship or sexual problems which merit specific help.

Although common, psychological disorders may not be recognised and adequately dealt with in the general hospital. This is because (a) many interviews fail to elicit psychological problems; (b) modern medicine is oriented towards technological investigations which may divert attention away from psychological problems; and (c) many staff have not received adequate training or encouragement to pay sufficient attention to the psychological aspects of patient care. Such training and encouragement require the support of a liaison psychiatry team (psychiatrist, liaison nurses, social worker and psychologist) who must be readily available and appropriately skilled to provide rapid and comprehensive treatment when necessary.

A liaison psychiatry service, which improves the

treatment of psychological disorders in the general hospital, should:

- reduce the number of investigations performed for physical symptoms that actually reflect underlying distress
- shorten the length of hospital stay
- relieve symptoms of distress and improve the quality of life of some patients with serious physical illness
- reduce the incidence of suicide and problem drinking in line with the *Health of the Nation* [1] targets

The report makes suggestions for the components, location and organisation (including audit) for such a liaison psychiatry service. It describes many of the psychological disorders encountered in general hospitals, their recognition and the effectiveness of their treatment.

The appendices to the report include: management of unexplained symptoms; the use of antidepressants in the medically ill; an interdisciplinary approach to the management of pain; models of care for elderly people; a summary of the report specifically for purchasers.

RECOMMENDATIONS

The main recommendations of the report include:

Facilities

- 1 All inpatient and outpatient departments, including accident and emergency, must have private, quiet and safe facilities so that routine interviews can include a discussion of psychological problems.

History taking

- 2 All patients should be routinely asked direct questions about their mood, possible alcohol or drug misuse and, where appropriate, suicidal ideas. The results of these questions must be clearly recorded in the notes and brought to the attention of senior medical staff and the patient's GP.

Medical management and referral

- 3 Medical staff should know how to treat common psychological disorders, including how to develop a

management plan for patients with medically unexplained symptoms, and understand how and when to refer a patient to the liaison psychiatry service.

Psychological assessment and treatment

- 4 Psychological assessment and appropriate treatment should be available for patients with unexplained physical symptoms, either within the hospital or from the primary care team. If such symptoms are numerous and persistent, a specific plan of management should be drawn up that includes liaison with hospital investigations and admissions.

Special services

- 5 A counselling service for alcohol problems should be readily available for both inpatients and outpatients.
- 6 The service for deliberate self-harm in each provider unit should be developed so that it conforms to the minimum standards set by the Royal College of Psychiatrists consensus statement.

Liaison psychiatry service

- 7 Purchasers should ensure that they purchase acute medical services in provider units which include a liaison psychiatry service. The exact model for such a service will vary according to local circumstances but it must be consultant-led (at least five sessions per week of specified consultant psychiatrist time), must include the range of skills required for such work and include a record-keeping system that allows regular audit of the service. Although managed within the mental health unit, the costs of this service should be included within the costs of each medical directorate service.

Training

- 8 The training of liaison psychiatrists, physicians and nurses should be improved so that their interviews with patients allow discussion of psychological problems and they have a full understanding of the importance of detection and management of psychological disorders throughout the general hospital. Such training should start at the undergraduate stage, be continued throughout general professional training and be offered as one aspect of continuing professional development. (The report makes a number of suggestions on how these skills may be acquired.)

Members of the working party

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In attendance:

Elaine Stephenson BA, working party secretary
Barbara Coles MA, working party secretary.

Reference

- 1 Department of Health. *The Health of the Nation. A strategy for health in England*. London: HMSO, 1992.

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TITLE**

The full report can be obtained by sending a cheque for £11.00 (overseas price £12.50) to: The Publications Department, Royal College of Physicians, London NW1 4LE.

A guide for purchasers

An appendix to the above report is also available as a separate booklet, price £4.50.