

Models and Process of Consultation-Liaison Psychiatry

APM Resident Education Curriculum

Robert C Joseph, MD, MS
Director Consultation-Liaison and Primary Care Behavioral Health Service
Cambridge Health Alliance, Cambridge MA
Assistant Professor, Harvard Medical School



Academy of Psychosomatic Medicine
The Organization for Consultation and Liaison Psychiatry

1

Consultation-Liaison Psychiatry

- Subspecialty at the interface of Medicine and Psychiatry
 - Clinical Service
 - Research
 - Training
- Psychosomatic Medicine is the name of the accredited subspecialty

2

- The terms 'Consultation-Liaison Psychiatry (C-L) and 'Psychosomatic Medicine' (PM) have had a variety of connotations historically.
- The 2 terms are increasingly used interchangeably
 - One can think of PM as the background body of knowledge and C-L as the clinical service

Models of Consultation-Liaison Psychiatry

- Traditional/Conventional
 - Hospital or Ambulatory Based
 - Consultation Upon Request (reactive)
 - Liaison Psychiatry
- Mental Health Integration
 - Hospital or Ambulatory Based
 - Case Finding/Screening
 - Proactive/Systemic Mental Health Involvement
 - Disorder Specific Programs
- Hybrid Models

3

- Traditional Models: Classic, hospital based C-L service; Conventional; Common
- Integration Model: Integration occurs along a spectrum. The degree of integration varies from something that may closely resemble a traditional (reactive) service to a highly structured, multidisciplinary disorder specific management program.
 - Increasingly common
 - More often seen in ambulatory settings
 - Consistent with many aspects of health care reform proposals.
 - Most common inpatient version is seen with delirium prevention and management programs
- Hybrid Models: Elements of both

Traditional Models

- Consultation Upon Request
 - Reactive
 - Patient and consultee specific
 - No primary patient responsibility
- Liaison Psychiatry Components
 - Education
 - Formal and informal education
 - Support
 - Service, Ward, Nursing Staff
 - Can be Sub-Specialty Specific
 - OB, Oncology, Neurology etc.

4

- Consults usually funded by FFS system.
- Liaison Psychiatry not supported in FFS system.

Types of Patients

- Complex, co-morbid psychiatric and medical conditions
- Somatoform and functional disorders
- Psychiatric disorders secondary to medical conditions or treatments

5

- Disorders above are most commonly seen but range of disorders include all DSM Dx
 - The range of disorders seen can present significant challenges to residents early in their training
- Most common reasons for consult request: Depression, Mental Status Change, Capacity, Safety, Dementia

There are 23 more slides in this lecture.
The complete set is available to APM
members in the [Members' Corner](#).

For information about becoming a member of
APM, please see:

[Member Advantages](#)

and

[How to Join](#)