RCPsych Faculty of Liaison Psychiatry Internal Report

Integrated care for long term physical health conditions and medically unexplained symptoms: a survey of Liaison Psychiatry services

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V2.0, 22.02.18

Executive summary

The Five Year Forward View for Mental Health lays out plans for an expansion in Improving Access to Psychological Therapies (IAPT) services to provide treatment for patients with medically unexplained symptoms and long term physical health conditions (MUS/LTCs). IAPT will be integrated into existing primary and secondary care pathways and services. This survey aimed to explore the experiences of Liaison Psychiatry and Psychological Medicine services in working with IAPT in the management of patients with MUS/LTCs, particularly in the general hospital setting.

Of the 40% of English acute hospitals from which information was obtained, the experience was of variable and limited provision of IAPT services for patients with MUS/LTCs. At least one quarter of community IAPT services had no such provision. Only three examples of IAPT services providing in-reach into a general hospital were identified.

IAPT is only one component of a comprehensive integrated care pathway for patients with MUS/LTCs, providing a high volume service for patients of low complexity. Liaison Psychiatry services have expertise in the assessment and management of complex cases, such as those with complex co-morbidity, personality difficulties and high levels of risk related to patients' physical or mental health. Liaison Psychiatry can also provide training and supervision for other staff.

Establishing IAPT as competing in-reach services into hospitals that already have established psychiatry and psychology services is unlikely to be effective and will not provide integrated care. Existing Liaison Psychiatry, Psychological Medicine and Clinical Health Psychology services provide a basis of expertise and experience on which to build fully integrated services for patients with MUS/LTCs.

Introduction

Implementing the Five Year Forward View for Mental Health lays out plans for an expansion in Improving Access to Psychological Therapies (IAPT) services to provide treatment for patients with medically unexplained symptoms and long term physical health conditions (MUS/LTCs).[1] It is planned that during 2016/17 and 2017/18 a targeted group of geographies will work to develop the evidence base for implementing these new services at scale, supported by wider investment in training and infrastructure. From 2018/19 it is anticipated that integrated services will be rolled out across all Clinical Commissioning Groups (CCGs).

It is proposed that new psychological therapy provision will be co-located with existing physical and mental health care and integrated into existing primary and secondary care pathways and services. A consensus statement by the Royal Colleges of Psychiatrists, General Practitioners and Physicians, and the British Psychological Society supports joined-up care, noting the importance of the availability of the necessary expertise and the need for multidisciplinary team working.[2]

Many hospitals already have provision for mental healthcare, including the management of patients with MUS/LTCs, delivered by on-site Liaison Psychiatry or Psychological Medicine Services. There may also be Clinical Health Psychologists working within a hospital, either as members of Liaison Psychiatry or Psychological Medicine multidisciplinary teams or within specific hospital departments.

Liaison Psychiatrists have specific expertise in the management of patients with MUS/LTCs.[3] In particular they have the skills to assess and manage complex cases that are unlikely to benefit from a single course of time-limited mono-modal therapy. They are medically trained and can therefore understand both the physical and psychological dimensions to patients' illnesses, as well as being able to prescribe medication when required. Liaison Psychiatry staff play a key role in the education and training of frontline medical and nursing staff and IAPT staff in the recognition, assessment and management of MUS/LTCs.

An integrated care pathway for patients with MUS/LTCs therefore requires Liaison Psychiatry expertise in the management of complex cases. IAPT staff can deliver psychological therapy for suitable patients. Ideally, such a care pathway should encompass both primary and secondary care.

This survey aimed to explore the experiences of Liaison Psychiatry services in working with IAPT in the management of patients with MUS/LTCs, particularly in the general hospital setting. The survey specifically aimed to establish whether IAPT in-reach services had been introduced into acute hospitals and how well these were integrated with existing Liaison Psychiatry services.

Methodology

Representatives of English Liaison Psychiatry services were invited to complete an online survey enquiring about their knowledge and experience of local IAPT services for MUS/LTCs, particularly joint working and integrated care in the general hospital. The invitation was circulated to those on the email mailing lists of the Royal College of Psychiatrists' Faculty of Liaison Psychiatry and the national Psychiatric Liaison Accreditation Network. The survey was conducted over a six-week period from December 2017 to January 2018.

The questions were:

- In which acute hospital does your Liaison Psychiatry Service operate?
- Does your local psychological therapies service (IAPT) undertake assessment and treatment of patients with MUS/LTCs?
- Does your local psychological therapies service (IAPT) provide an in-reach service into your hospital for patients with MUS/LTCs?
- In those instances where there was in-reach by IAPT, respondents were also asked:
    - In your opinion how well integrated is the care and treatment of patients with MUS/LTCs between IAPT and Liaison Psychiatry? Respondents were asked to indicate their view on a 0 to 100 sliding scale ranging from 'Not all integrated' to 'Seamlessly integrated'
    - What are the main positive points about the service and joint working?

    - In what ways could the service and joint working be improved?
- All respondents were asked whether they had any additional comments about integrated services for patients with MUS/LTCs.

Results

Responses
There were 80 survey forms completed. Where more than one response was received from the same hospital, duplicate information was excluded. Replies that pertained only to Liaison Psychiatry services for children and adolescents were also excluded.

The analysis was based on the 74 remaining forms. This represented information from approximately 41% of the 179 acute hospitals in England.[4]

IAPT services for MUS/LTCs
Thirty-one respondents (42%) indicated that their local IAPT service undertook assessment and treatment of patients with MUS/LTCs. Eighteen respondents (24%) indicated that the local IAPT service did not treat this population and 25 (34%) did not know if this was the case.

In-reach by IAPT
Three respondents (4%) noted that their local IAPT service provided hospital in-reach for patients with MUS/LTCs. Sixty-two (84%) indicated that the local IAPT service did not provide in-reach and 9 (12%) did not know if this was the case.

The three hospitals with IAPT in-reach were: Royal Oldham Hospital; Royal Devon and Exeter Hospital; Weston General Hospital. The following is summarised from the information from respondents about the services in their hospitals and includes their estimates of the degree of integration between IAPT and Liaison Psychiatry.

The Royal Oldham Hospital
- Degree of integration: 59/100
- Positive points about joint working: "We are just starting with this service. The Psychologist working within the Liaison Psychiatry service is supervising the new IAPT LTC therapists. Our Liaison Psychiatry Consultant works for two sessions per week with the IAPT service, providing both clinical assessment and supervision of staff. This is particularly to support IAPT with the management of complex cases, e.g. high-risk patients and those with personality difficulties. Working in his way facilitates learning from each other as well as providing the correct skill-mix at the right level of patient care."
- Potential improvement: "To continue to build upon this framework."
- Additional comments: "We need to work together and share expertise and discuss problems and challenges. We must reach out to the most severely affected, who may not see therapy as the answer to their problems, such as those with chronic pain or struggling to manage their diabetes."

The Royal Devon and Exeter Hospital

- Degree of integration: 42/100
- Positive points about joint working: "Regular meetings at management level. Joined up vision."
- Potential improvement: "Team members do not routinely have contact – this needs to be arranged around a specific patient as required. IAPT can only manage some conditions. No shared electronic records system."
- Additional comments: "Requires great support from acute hospital staff and management, e.g. attendance of clinical staff at multidisciplinary meetings; provision of office and clinic space within the acute hospital."

The Weston General Hospital

- Degree of integration 11/100
- Potential improvement: "An embedded Psychologist within the Liaison Psychiatry team and a link worker from IAPT working with the Liaison service. Joint business planning meetings."
- Additional comments: "The services are not really joined up and IAPT in-reach is limited."

Additional comments

Forty-four respondents provided additional comments. The following is a summary of the main themes and key points.

The most frequent comment by respondents was that staff in IAPT services lack the training and expertise to manage complex cases of patients with MUS/LTCs. Such patients are more frequent in the context of secondary healthcare, where most Liaison Psychiatry services operate. Complexity in such cases is a consequence of factors such as multi-morbidity, complex medical management, personality difficulties, and high levels of disability and clinical risk. It was noted that Liaison Psychiatry expertise is of benefit in the assessment and management of such cases.

Expanding upon this recommendation, several respondents noted that as well as considering in-reach by IAPT into general hospitals, Liaison Psychiatry expertise is of benefit in supporting the management of complex cases of MUS/LTCs in primary care. A number of respondents were aware of plans or pilot services for patients MUS/LTCs in their area. A successful model of a fully integrated secondary care service in Hull was described by one respondent. This service manages complex cases and has stepped care pathways into primary care.

Respondents noted the important and well established role of Clinical Health Psychologists in working with patients with MUS/LTCs. Examples were given of given of Psychologists working as part of Liaison Psychiatry and Psychological Medicine teams.

Although the survey found examples of current and developing services specifically for MUS/LTCs, it was noted that development of integrated services may be severely hampered by piecemeal commissioning or commissioners' lack of knowledge of these problems and the expertise required in their treatment.

Conclusions and recommendations

This survey of Liaison Psychiatry staff primarily working in English hospitals found variable and limited current provision of IAPT services for patients with MUS/LTCs. At least one quarter of community IAPT services had no such provision.

Of the 40% of English acute hospitals from which information was obtained, only three were identified with IAPT in-reach services identified, one of which only accepted referrals for patients with specific LTCs, but not MUS. The three services were judged to have variable degrees of integration with the existing Liaison Psychiatry services. In addition, there was one example of an established integrated secondary care service with care pathways into primary care.

IAPT is only one component of a comprehensive integrated care service for MUS/LTCs. IAPT is primarily a single-modality high-volume service for cases of relatively low complexity. In areas where IAPT currently provides a service for patients with MUS/LTCs, this is usually out of hospital or as a supplement to existing Liaison Psychiatry services. Establishing IAPT as competing in-reach services into hospitals which already have established Psychiatry and Psychology services is unlikely to be effective and will not provide integrated care. In addition, there are major potential clinical and governance issues of having more than one mental health service in a hospital. Existing Liaison Psychiatry, Psychological Medicine and Clinical Health Psychology services provide a basis of expertise and experience on which to build fully integrated services.

It is recognised that Implementing the Five Year Forward View for Mental Health anticipates that all CCGs will roll out integrated services for patients with MUS/LTCs from 2018/19.[1] The comments by respondents suggest the following recommendations for future service development:

- Liaison Psychiatry expertise is essential within integrated services for the assessment and management of complex cases of patients with MUS/LTCs. A truly integrated care pathway for MUS/LTCs cannot be delivered solely by IAPT if it is to meet the needs of all patients.
- Liaison Psychiatry staff play a key role in the education and training of both frontline medical and nursing staff and IAPT staff in the recognition, assessment and management of MUS/LTCs.
- Clinical Health Psychologists are skilled in providing psychological care to complex patients and cannot be simply replaced by IAPT.
- Commissioners may benefit from education and support in how best to establish effective and capable integrated care for patients with MUS/LTCs.
- Commissioners need to be aware of existing services for the treatment of MUS/LTCs before they commission additional or new services.
- Existing Liaison Psychiatry services can provide a basis for the establishment of an integrated care pathway for MUS/LTCs, particularly in secondary care, but also in primary care. A comprehensive service requires the expertise of IAPT, Clinical Health Psychology and Liaison Psychiatry.

Acknowledgements

This survey was suggested by Professor Simon Wessely. Thank you to Professor Michael Sharpe, Dr Peter Aitken, Dr Amrit Sachar and members of the Executive Committee of the Faculty of Liaison Psychiatry for providing helpful comments on the findings. Thank you also to those working in Liaison Psychiatry who responded to the survey.

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