

## Consultation Liaison Psychiatric Nursing: An Asset to Mental Health team

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### Abstract

The psychiatric consultation liaison nurse (PCLN) acts as an important link between medical and mental health services. The need for such roles are emerging due to upsurge in the complex needs in the diverse populations who have either physical illness with mental illness as comorbidity or have primary mental illness with secondary physical illness. There is also geropsychiatry wherein PCLN services are requiring utmost attention. With implementation of such roles there will be better competent care delivered, probability of improved quality of life, early detection and treatment of cases, cost effectiveness and reduced length of hospital stay.

**Keywords:** Psychiatric Consultation Liaison Nurse; Culture Brokering; Comorbidity; General Medical Setting.

### Introduction

In the general medical setting, as many as 30% of patients have a psychiatric disorder [1-3]. Delirium is detected in 10% of all medical inpatients [4] and is detected in over 30% in some high-risk groups. Two-thirds of patients who are high users of medical care have a psychiatric disturbance: 23% have depression, 22% have anxiety, and 20% have somatization [5-6]. Clearly, psychiatric comorbidity has an impact on health care economics [7-8]. The presence of a psychiatric disturbance has repeatedly been shown to be a robust predictor of increased hospital length of stay [9-10]. Nearly 90% of 26 studies have

demonstrated either an increased length of stay or an increased medical readmission rate in patients with psychiatric comorbidity [11].

### History of PCLN

Consultation-liaison psychiatry is a branch of psychiatry that originated in the USA during the post-World War 1 period [12]. It was not until considerably later that psychiatric nurses developed an interest in this specialty. In the USA, PCLN emerged in the 1960s out of a move towards more holistic and patient-centred nursing care [13]. At that time nursing was being influenced by nursing theorists such as Hildegard Peplau. Peplau was interested in the quality of the relationship between the nurse and the general hospital patient, and promoted the importance of nurses expanding their understanding of patient behaviour and attending to the psychosocial needs of their patients [14].

Psychiatric nurses began to join their medical consultation liaison colleagues during this time with the PCLN role [12]. Educational aspects of consultation liaison nursing as part of post-basic education [15-16] and for advanced practice [17-19] is beginning to be discussed.

### Types of Consultation

Caplan's model of mental health consultation has been widely adopted in PCLN practice [20-25]. Caplan describes consultation as the process whereby a person who is considered an authority or expert on a subject area (consultant) engages in an interaction with another professional (consultee) who seeks assistance in the subject area. The consultation process occurs at the request of the consultee with the aim of solving a professional problem the consultee has encountered. The consultee believes that the skills and

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knowledge of the consultant can assist in solving the identified professional problem.

Caplan identifies two types of consultation, namely, case consultation and administrative consultation, each with two sub-types. The following section provides an overview of these types and their relationship to PCLN [26].

#### *Client-Centred Case Consultation*

This form of consultation has its focus on a patient with a particular set of health problems (or case). The consultee requests assistance from the consultant who is seen to have expertise that will assist in addressing the problems. The consultant mobilizes that expertise through assessing the patient problems and making recommendations regarding ongoing patient care.

#### *Consultee-Centred Case Consultation*

The aim would be to facilitate the nurses' understanding of the situation through education and discussion so they would be better placed to care for the patient. The PCLN might not necessarily make contact with the client.

#### *Program-Centred Administrative Consultation*

In administrative consultation, the consultee is an organization (such as a general hospital) that requests the expert advice of the consultant regarding a program, either new or under review. The focus of the consultation is the program, with the consultant using his or her expertise to assist the organization to develop the particular program [26]. An example of when this type of intervention could be used is through the PCLN assisting a general hospital in the development of a comprehensive aggression prevention and management program. The PCLN would advise on the goals of the program and make suggestions regarding the process required to achieve those goals. The nurse might also play an ongoing role in the maintenance of the program [26].

#### *Consultee-Centred Administrative Consultation*

The consultee remains the organization in this type of consultation, with the focus of the consultant being on the nature of the difficulties the organization is having. It may be related to lack of knowledge, skill, confidence or professional objectivity [25].

#### *Qualifications and Expertise Required to Become PCLN*

It is strongly suggested in the literature that the

PCLN is considered an advanced psychiatric nurse practitioner with experience in clinical psychiatric nursing practice [28-30].

It is an expectation that advanced practice as a PCLN requires a Masters-prepared psychiatric nurse who has also completed post-graduate studies in C-L psychiatry and received supervision of his/her practice by an experienced qualified preceptor [13].

A sound understanding of mental health and illness is essential to PCLN practice. In addition to psychiatric nursing skills, Robinson [12,13] suggests that the PCLN must draw on a variety of theoretical bases including those of consultation, communication, groups, crisis intervention, systems and education. The PCLN must understand the acute and chronic psychological responses to physical illness and trauma as well as be equipped with skills appropriate for brief intervention such as cognitive-behavioural theory [13,17].

Hicks [27] highlighted the need for the PCLN to be able to understand the worlds of the patient, the staff and the general hospital, insights that have been identified earlier as important in the culture broker role [31]. He further identifies interpersonal and analytical skills, objectivity, motivation, maturity and a sense of humour as qualities essential to an effective PCLN [27]. An avid curiosity, perseverance, confidence, flexibility and an ability to discriminate are also considered essential [32].

#### *Culture Brokering*

Culture brokering is defined as the act of bridging, linking or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change [31]. Each culture has their own values, beliefs, customs, behaviours, and language. Within the healthcare system Jezewski [31] identified the worlds of the patient, the staff, the community and the broader social system as different cultures. When gaps occur between these cultures, the nurse is well placed to act as a broker between them.

Culture brokering is of particular importance in bridging the gap between these artificially disparate areas of nursing. The skills of mediation, negotiation and innovation are important if greater communication and a greater understanding between the general and psychiatric cultures is to be achieved. These skills and interventions are therefore an essential part of the work of the PCLN [33].

#### *The Roles and Functions of PCLN*

The role of the Psychiatric Consultation-Liaison

Nurse (PCLN) not only provides potential for the development of a Nurse Practitioner role, but it also offers psychiatric nurses an opportunity to improve the quality-of-care for the psychological and psychiatric needs of patients within the general hospital setting [33]. This role combines expertise in psychiatric/mental health nursing with skills in consultation, education, advanced communication, quality improvement and research [34].

The psychiatric consultation liaison service would consult with stakeholders (general practitioners, primary care teams and specialist mental health services) offering a consistent pathway to those in crisis incorporating crucial aspects of risk assessment. Psychiatric liaison consultation has developed chiefly through meeting the need of the patients experience mental health problems in general hospital settings with specialised nursing care. It bridges complex role between general hospital and mental health, a role which has received increasing importance with the changing emphasis in mental healthcare.

PCLN focuses on the mental health care of people in non-psychiatric (generalist) settings, most commonly but not exclusively, in general hospital wards, emergency departments, and nursing homes. The consultation liaison nurse aims to improve outcomes in patient care from a mental health perspective through working directly with patients and indirectly through increasing the capacity of staff to recognise and attend to the mental health needs of patients in these settings [35].

#### *The Functions of PCLN Nurse*

PCLN helps in understanding the psychodynamics behind psychosomatic illness, dissociative and conversion disorders and anxiety disorders which often goes undetected due to lack of understanding about stress predisposing illness [35].

- Works with patients and their relatives providing expert mental health assessment and intervention [35].
- Provides guidance, education and support to generalist staff caring for the patient and collaborates with them in developing a plan of care [35].
- Acts as a positive role model to generalist staff in psychiatric - mental health care and practice [35].
- Works with the organisation or department as a mental health resource on mental health related projects, education and policy development and acts as a link between generalist and mental

health services (public and private, hospital and community) [35].

- The PCLN with her expertise can detect the illness at the earliest and reduce the length of hospital stay.

#### *Need For Psychiatric Liaison Nurse*

- Requests for consultation do not appear to come easily to nurses and nurses can attempt to be 'all things to all people', believing that they have to shoulder a multitude of burdens bravely [36].
- The nurses in general settings lack the repertoire for verbal and written perceptions of mental health presentations. Hence, carrying out the prescribed orders and discussions with psychiatrist becomes difficult for the duty nurse.
- Nurses in other departments are not prepared to manage clients in crisis situation like suicidal ideations and aggressive clients as they are unable to resolve such high risk situations posing threat to themselves and others.
- Lack of anger management strategies and inability to prevent assault to oneself and other due to lack of exposure in dealing with mentally ill patients [36].
- Psychopharmacology is not given as a part of treatment regimen to patients unless indicated. Therefore nurses are not equipped about the side effects of drugs especially antipsychotics, overdose, management of these adverse effects and patient teaching regarding psychotropic drugs [36].
- Use of therapeutic communication techniques facilitates establishment of rapport and collection of information pertaining to illness which requires understanding of psychiatry nursing [37].
- Staff do experience difficulty in making referrals to community mental health agencies and services and making follow ups services.
- The above mentioned role has significant benefit for patients presenting to the emergency departments also by reducing waiting times, streamlining transition through the department and improving follow-up [37].

#### **Conclusion**

The PCLN has extended and expanded role to perform both in generalised and specialised settings of care. However, educational qualifications and

experience is required to meet the eligibility for such a position and role. With the vulnerability to stress, medical and psychiatric illness have symptoms manifested by the same precipitator. Hence, in hospital settings emergence of such role is undoubtedly a valuable addition to the mental health team in reducing the mortality and morbidity rates, enhancing the life expectancy rates, improving quality of life and providing job satisfaction to the nurses.

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