



The development of psychosomatic and Liaison Psychiatry units in Spain: A national enquiry



1. Introduction

Important developments of Consultation-Liaison Psychiatry (CLP) have been observed in the USA [1], where it originated but also in European [2,3] and non-European countries [4,5]. The expansion, however, has been uneven [2,3] and the provision of CLP services has been slow to develop in several countries [6,7]. In Spain, where the discipline is increasingly called Psychosomatic Psychiatry (PP) [8] or Psychosomatic and Liaison Psychiatry (PLP), the first specific Units were developed in 1977 [9], and further developments were described during the European collaborative studies [2,3] and in a study published in Spain in the year 2000 [10]. The aim of this new study is to present the findings from the most detailed national survey of hospital-based Psychosomatic and Liaison Psychiatry Units (PLPUs) yet undertaken in Spain.

2. Methods

The national survey was organized from the coordinating centre (CC), in the Psychiatry Department of the University of Zaragoza. A questionnaire was developed from a version used for the previous enquiry in the year 2000 [10], covering information related to the structure, working force and service provided by PLPUs, as well as the training programmes. Under the leadership of the Working Group on PLP of the Sociedad Española de Psiquiatría (SEP), coordinators for each Autonomous Community (AC) in the country were appointed ($n = 17$). The ACs selected and invited the responsible psychiatrists (RPs) in each hospital in their region to participate in the survey, and a standardized protocol was developed to prompt RPs who were slow in responding. A PLPU was defined as an in-patient unit specifically committed to PLP with at least one psychiatrist working half-time in the service.

3. Results

Among the 180 hospitals in the National Health System (NHS), 112 (62.2%) accepted the invitation to participate. Sixty-six (58.9%) of them had a specific unit fulfilling the inclusion criteria and the great majority of those with PLPUs (90.9%) had an official Residency Training Program.

The majority of PLPUs had only one full time psychiatrist (66.7%), although three units (4.5%) had more than three psychiatrists. More than half the PLPUs (56.1%) had one or more full time clinical psychologists. Specialized nurses and/or social workers were quite uncommon in the staffing system. The mean number of psychiatrists per unit was 1.4 (S.D. 0.879) and the mean number of clinical psychologists, specialized nurses and social workers was respectively 0.8 (S.D. 0.842), 0.2 (S.D. 0.417) and 0.1 (S.D. 0.348).

Just over 40% of PLPUs (41%) received up to 500 inpatient consultations per year, 33% of PLPUs reported between 500 and 1000 individual, patient consultations and one-quarter (26%) more than 1000 consultations per year. Nearly three quarters of PLPUs (74%) reported that they receive outpatient referrals.

Fig. 1 shows that the number of annual consultations was clearly related to the hospital size, and hospitals with more than 1000 beds, had the highest referral rates to PLPUs (29% of them more than 1500 consults per year).

Most hospitals with a PLPU (83.3%) had active liaison programs with specific medical units. The most common were Oncology, Bariatric Surgery and Neurology-Neuropsychiatry (56.4%, 52.7% and 49.1% respectively) (Fig. 2).

Most participating PLPUs (84.8%) accepted psychiatric residents from the official National Training Program in Spain. In addition, 61% of them accepted residents from non-psychiatric medical specialties, particularly from Family Medicine, Neurology, Geriatrics and Internal Medicine.

In hospitals that did not have a specific PLPU, referrals were still made to the existing psychiatric services. Just over half (51%) of the large hospitals (more than 1000 beds) had more than 1000 requests per year for psychiatric consultation. Interestingly, one third of these hospitals without a specific PLPU also had some active liaison programs with certain key medical units.

4. Discussion

This study documents a notable expansion in liaison psychiatry services in Spain from a previous survey [10] conducted in the year 2000. Over the last 19 years, the number of PLPUs has increased substantially, and a considerable proportion of them carry out both inpatient and outpatient work. Specific liaison programs to key medical units within hospitals have also been developed in most PLPUs, and are similarly prevalent in hospitals without specific PLPUs. Hospitals with or without PLPUs generate a high volume of liaison work, with many hospitals receiving over 1000 or 1500 referrals per year. The coverage provided by both PLPUs and liaison services in hospitals without PLPUs is quite remarkable, although challenges persist. The Working Group of the SEP recommends that each National Health Service hospital should have a specific PLPU; although recognizes that current recommendations for staffing of these units may still be insufficient to meet demand. Staff resourcing and referral demand are considered to be key determinants of relevant parameters in Consultation Liaison Psychiatry (CLP) [11–13], although some doubt remains as to whether investment in liaison services improves the outcomes of people living with mental illness in the general hospital setting [14].

A limitation of this study is that the information was provided by the units or the hospitals themselves, and we have not been able to

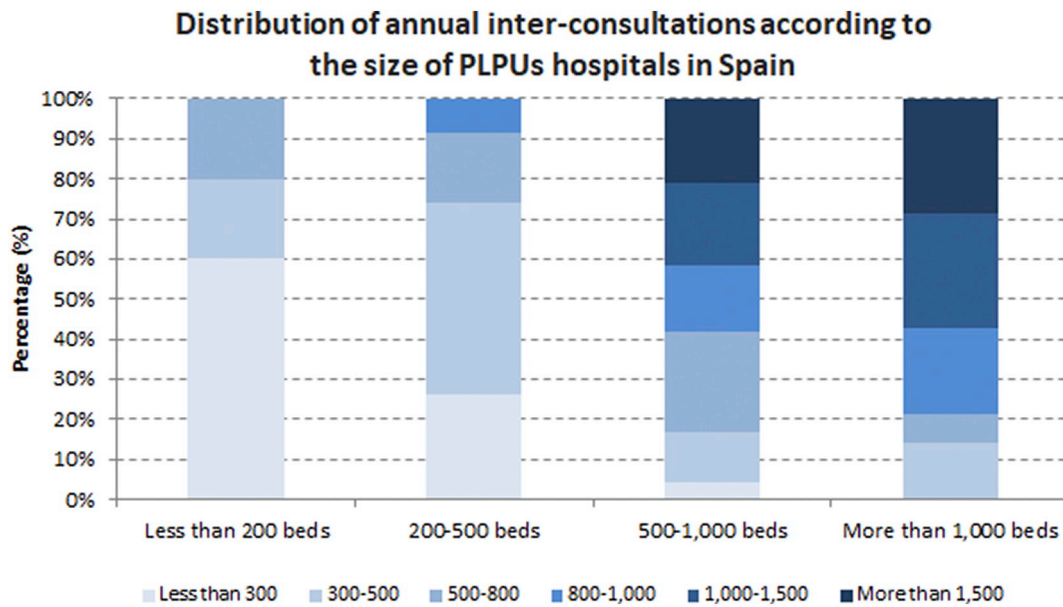


Fig. 1. The figure shows that large hospitals in Spain receive a high number of annual consultations to Psychosomatic and Liaison Psychiatry Units.

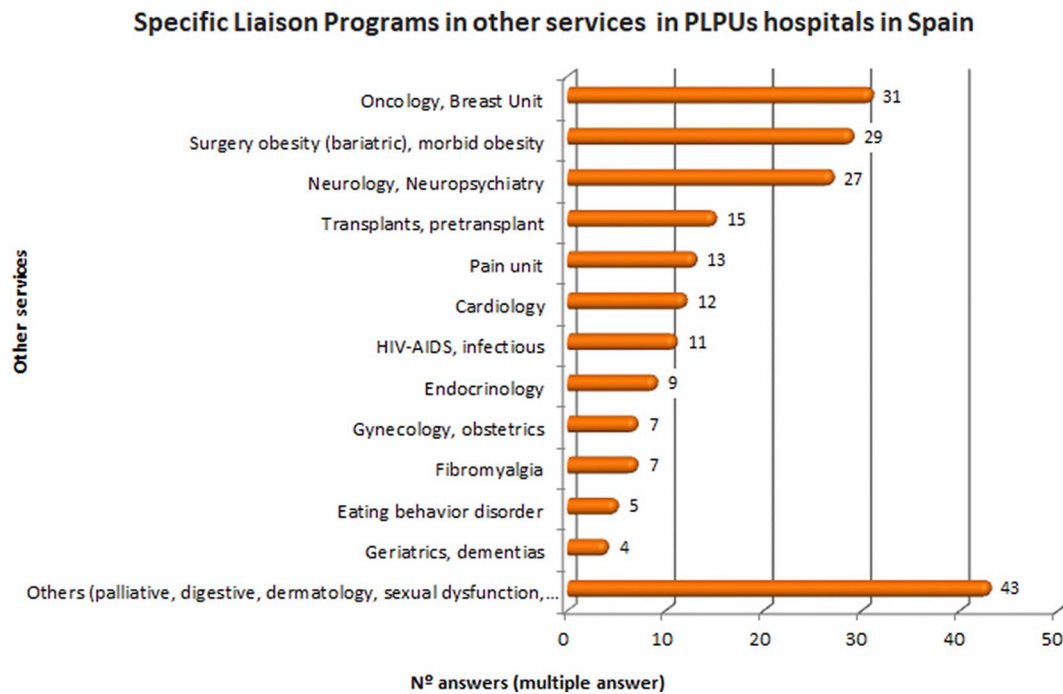


Fig. 2. The figure shows that Oncology, Bariatric Surgery and Neurology-Neuropsychiatry are the medical Services most commonly having liaison psychiatry active programs.

formerly assess the accuracy of the data. In addition, the questionnaire that we used was not formally tested, although the face and content validity was supported by all the experts and units consulted. We are aware of one other national survey in England of liaison psychiatry services. That service documented the wide availability of liaison psychiatry services, although there was no uniformity in the type of service provided, which in most cases, was still considered to be insufficient [15].

The present study also shows that training in the field has improved substantially in Spain, as documented by the implementation of a national program for residents. Furthermore, training guidelines, derived from American and European initiatives [16], have been described and are operational in the country [17]. Following the lead of American

Consultation Liaison Psychiatry [18,19] and the successful initiatives in European countries [20], movements towards subspecialization in PLP are on the agenda of the Working Group of the SEP. Progress in the field will also come from research and innovation [21]. Following the initiative of the Spanish Research Network in Liaison Psychiatry and Psychosomatics [22], there is now a specific research program in CIBERSAM, the consortium of the National Research Institute Carlos III (ISC iii) [23].

In conclusion, this study has documented important developments in PLP in Spain, although some challenges persist, mainly to assure adequate staffing in hospitals with active PLPUs and to organize specific units in the remaining hospitals.

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