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LIAISON PSYCHIATRY AND MATERNITY SERVICES - AN ESSENTIAL INTERFACE

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ABSTRACT

Liaison psychiatry teams collaborate closely with the surgical and medical departments in general hospitals. Regardless of the apparent reason, patients who present with both physical and mental health challenges are treated by these general hospital mental health teams. Issues related to physical and psychological co-morbidities, managing chronic illnesses, self-harm, and coping with illness are just a few examples of liaison psychiatry work. Liaison psychiatric services should continue expanding in every country (developed and developing). Furthermore, liaison psychiatry services ought to be more comprehensive. By acknowledging the emotional and clinical needs of mothers, liaison psychiatry, when partnered with maternity services, may offer a chance to establish a benchmark for managing mental health concerns.

KEYWORDS

Chronic Disease; Developing Countries; Female; Hospitals, General; Mental Health; Mental Health Services; Morbidity; Pregnancy.

INTRODUCTION

The most easily accessible aspect of any healthcare system is the general hospital. The most accessible liaison psychiatry service within a hospital environment plays a vital function as the first port of call in general hospitals. Liaison psychiatry has the potential to offer services outside of the typical community mental health settings. Liaison psychiatry teams work closely with the medical and surgical departments in general hospitals. These general hospital mental health teams care for patients who present with both physical and mental health concerns. Liaison psychiatrists provide expert mental health assessment and care for patients admitted to general hospitals. A liaison psychiatry team deals with a variety of challenges, including physical and psychological co-morbidities, living with long-term diseases, self-harm, and adjusting to physical illnesses.[1] The functions of liaison psychiatry services in a general hospital include clinical management and advice, staff training, promoting bio-psychosocial assessments and service development.

According to the Perinatal Faculty of the Royal College of Psychiatrists, it is crucial to promote and provide a network of information and support for expectant mothers with mental health concerns.[2] Mental health issues are more common in people who have physical health conditions. Psychiatric symptoms are far more common in general hospital settings. A number of disorders, such as delirium, substance misuse with dependency, anxiety, sadness, dementia, and psychosis may manifest.[3] Liaison psychiatry services ought to be offered to help with the mental health requirements of patients who visit general hospitals for physical health problems or symptoms. A majority of patients present when they are in a crisis and need urgent help. Liaison psychiatry services lower the risk of harm in addition to lowering overall healthcare expenditures.[4] By reducing morbidity and death linked to co-morbidity. More importantly, it is hoped that liaison psychiatry will reduce the stigma attached to mental illness.

It is a fact that the healthcare provision is not equally distributed in populations everywhere, and in low- and middle-income countries, it is a significant factor in providing health in general and mental health in particular. Advantaged groups in terms of power, resources, and influence display better health than disadvantaged groups. Evidence suggests that women and children could be the disadvantaged groups everywhere, and more so in countries with suboptimal health care services.

Not all health systems are set up to facilitate integrated care, especially for those with chronic illnesses or multiple medical problems. Service models are primarily focused on individual disorders with a particularly clear distinction between physical and mental illnesses. Liaison psychiatry reduces this distinction and encourages more integrated care for patients with comorbid mental and physical health conditions in the general hospital setting.[5] However, the extent and availability of liaison psychiatry services vary from basic to well-established and structured specialised teams and no liaison psychiatry services in other locations.

Liaison psychiatry is a vital service that helps bridge the gap between the physical and mental health needs of patients. Even in the most developed healthcare systems, diagnosing and treating comorbid mental and physical health conditions can be challenging.[6] Higher rates of morbidity and mortality are among the less-than-ideal outcomes that may arise as a consequence.

Impact of Liaison Psychiatry Services:

Liaison psychiatry is essential to increase patient wellbeing and financial prudence for the NHS. A project in Birmingham, the Rapid Access Interface and Discharge (RAID) broadened the scope of liaison psychiatry in a tertiary hospital. Subspeciality care for working-age adults, older adults, substance abuse, and perinatal mental health was added to the 24-hour, seven-day A&E service.[7] Numerous areas of benefit were highlighted: patients with diagnosable mental illness were identified more effectively, the rates of readmission were significantly reduced, older adults, despite making up less than 5% of referrals, made up a much larger proportion of admissions, and dedicated and focused support reduced length of stay (which had a significant impact on long-term health outcomes). Reduced admission duration and number yielded significant economic savings. In this RAID study alone, savings amounted to at least £3.5 million, and economic analysis suggested £4 could be saved for every £1 invested in liaison psychiatry. A follow-up study suggested the economic benefit of a liaison psychiatry service for a standard District General Hospital could reach £5 million annually. It also helped the hospital staff by giving them a pathway for managing patients who frequently attend hospital and have prolonged, complicated admissions. To address the varied demands in the mental health needs of patients in the community, the service must be comprehensive, and hospital staff must receive training on how to utilise the service.

This economic advantage has been replicated in other countries. A similar initiative in the USA showed that having an in-reach psychiatry team in a hospital saved 452 patient days by reducing admission lengths. This saved over $400,000 (£320,000). A growing number of other nations are investing in consultation-liaison psychiatry teams based on the same approach as the RAID model.[6]

In the UK, liaison psychiatry service models can be grouped based on comprehensiveness and availability.[4] These liaison psychiatry services range from offering support during standard working hours only in the A&E and standard wards to a fully comprehensive 24-hour service which liaises with outpatient community teams and with specialists such as perinatal care, substance misuse, and all medical and surgical specialties. Having liaison psychiatrists within a multidisciplinary team can facilitate information sharing between inpatient and community teams as well as between psychiatric and medical or surgical teams. This minimises loss of information during patient handover and helps to ensure continuity of care.

In the context of healthcare, parity of esteem refers to treating mental and physical health equally. It seeks to guarantee that people with mental health issues have equal access to resources, care, and support as do people with physical health needs. The ability to bridge the gap between mental and physical health is the most important component of liaison psychiatry. One critique of Community Mental Health Teams (CMHTs) is that they reinforce the mind-body divide in sickness and treatment, even though they offer patients invaluable support. This contradicts the fundamental tenet of liaison psychiatry, according to which "no health without mental health exists." Liaison psychiatry addresses patients holistically, evaluating both the psychological symptoms and the medical conditions that keep them in the hospital.[8] Using a biopsychosocial paradigm, care plans consider the demands on mental and physical health. Liaison psychiatry helps complex patients receive better community support and stay out of the hospital. This improves the patient's health and well-being. It also decreases the overall cost by lowering costly inpatient admissions and freeing up beds.

Role of Liaison in Bridging Gap with Maternity Services

For the past 20 years the Royal College of Psychiatrists has made a clear commitment to promoting perinatal wellbeing. One of the main objectives has been to ensure that mothers who are at risk are identified and supported, with the explicit understanding that delays in assessment and treatment put women at risk. Despite this, the Perinatal Quality Network barely mentions the role of liaison psychiatry in bridging the gap between mental health services and maternity services.[9]

Some obstetricians connect with CMHTs and Mother Baby Units (MBUs) directly without involving the liaison psychiatry team for an assessment of mothers in hospital. It has been shown that the integration of liaison psychiatry teams within maternity services expedites the identification of mothers at risk of depression and anxiety. An Australian study also found a significant improvement in communication between inpatient and outpatient treatments. Even if no mental illness were diagnosed, mothers who were struggling to cope with the significant role transition could be referred for care to social services.[10]

Beyond CMHTs and MBUs, liaison psychiatry can also support mothers with complex needs who may also need input from social services and Child Protection Services. As many as 50% of mothers with a diagnosis of emotionally unstable personality disorder (EUPD) will require involvement from Child Protection Services. Disordered maternal attachment is strongly associated with EUPD, which predisposes the children to complex trauma.[11] Additionally, substance misuse is more common in this cohort of women. Liaison psychiatry takes a biopsychosocial approach to assess social and personal needs of the mother and baby beyond the question of diagnosis. They can assist mothers in basic treatment and managing their everyday lives.

The United Kingdom is considered to be the birthplace of liaison psychiatry as a dedicated sub-speciality that was later adopted and evaluated in other countries. A system akin to the UK has been established in Japan, where the maternal suicide rate has been reported as high. According to a pilot study, a lack of access to resources was the primary cause of maternal suicide. Whenever mothers had timely access to a psychiatric nurse in hospital, even if this delayed access to a consultant psychiatrist, maternal wellbeing improved, and the risk of suicide reduced significantly. Additionally, it made it possible to identify and refer more vulnerable individuals to primary care for additional support.[13]

Liaison psychiatry reduces the barriers to accessing mental health support. To gain a therapeutic benefit, a functioning liaison psychiatry team must have a consultant psychiatrist,

junior doctors, psychiatric nurses, psychologists, occupational therapists, substance misuse specialists, and midwives to meet the complex needs of the community. The Psychiatric Liaison Accreditation Network (PLAN) has published guidelines and standards for the size of the team and type of liaison psychiatry service.[5]

In the UK, a modern maternity service includes community midwives and health visitors, with some services having direct access to local community perinatal services. Expanding these services to allow direct access from liaison psychiatry would not require any major reform of healthcare structure ; it will require a modest change in the scope of pre-existing liaison psychiatry services, which is an achievable objective with minimal additional cost. The cost of the service will be outweighed by the improvements in the service efficiency and the maternal wellbeing that will follow.

Perinatal Mental Health Presentations:
The World Health Organisation in ICD-11 defines "syndromes associated with pregnancy or the puerperium (within approximately 6 weeks after delivery) that involve significant mental and behavioural features" as mental or behavioural illnesses related to pregnancy, childbirth, or the puerperium.[13] According to NHS UK, it is critical because multiple mental health conditions can affect 1 in 5 new and pregnant women (27%). If left untreated, these conditions can have long-lasting effects on the mother, her child, and the family. These include conditions like those that may or may not exhibit symptoms of psychosis.

- 40–85% of women have postpartum blues, which peak between days three and five after giving birth.[13]
- Reassurance and social support typically resolve this.
- Perinatal/Postpartum Depression (PPD).
- Psychosis following childbirth.
- The spectrum of postpartum phenomenology includes transitory mood lability, irritability, weepiness, significant agitation, delusions, disorientation, and delirium.

Therefore, it is important to screen for symptoms like extreme sadness, frequent crying, or excessive worry. It is crucial to listen to a mother if she discusses harming herself or her child or neglects to provide care. There may be a major issue if she has problems eating or sleeping, or if her speech or behaviour looks abnormal (symptoms like extreme sadness, frequent crying, or excessive worry). It is crucial to listen if a mother discusses harming herself or her child or neglects to provide for her. If there are reports of symptoms related to eating or sleeping, or if speech or behaviour is of concern, then a need for urgent assistance may be necessary.

Simple questionnaires and techniques can be used to determine a mother's emotional state. Asking mothers how they are feeling and whether they have relatives or friends to support them is also crucial. The Edinburgh Postnatal Depression Scale (EPDS) is a useful and affordable tool to detect postnatal depression.[14] Three questions on the EPDS (anxiety subscale) can be used to identify postnatal anxiety, which is also common,[15] and anxiety can be assessed using the GAD-7 scale.

Clinical Presentations

Post-partum Blues
Mothers frequently experience postpartum blues, commonly referred to as baby blues, as an emotional state following childbirth.[15] Emotional strain and a sense of helplessness not only impact the mother but also negatively impact the baby. Improving the mother's and the newborn's health and survival during the early postpartum phase is essential. According to the World Health Organisation,[13] medical personnel give the pregnant and delivery phases more attention than the postpartum and postnatal periods. Fifty to seventy percent of women have postpartum blues, a mood shift that follows childbirth. While 13% of mothers will have postpartum depression, some will recover swiftly and find stability.

Perinatal depression
Although there are differences in diagnostic criteria, many people characterise perinatal depression as happening at any point within the first year, and particularly within the first six months, after birth. The prevalence of postnatal depression in western countries is believed to be between 13 and 19%.[13] Depression with a perinatal onset is defined by the American Psychiatric Association as a significant depressive episode that occurs during pregnancy or within four weeks following delivery.[13,14]

Using a biopsychosocial framework, postpartum depression is more likely to affect women. Numerous biological and environmental factors, including lifestyle-related factors, have a direct or indirect effect on the brain's serotonin levels and function, which may help prevent or cause postpartum depression.[15] Environmental factors, including socioeconomic considerations, can affect mental health during pregnancy and play a role in crisis situations and result in postpartum depression.[13,16]

Puerperal Psychosis
In the DSM-5, postpartum psychosis is categorised as a "short psychotic illness."[3] In ICD-11, postpartum psychosis is one of the syndromes associated with pregnancy or the puerperium (beginning approximately six weeks after delivery) that includes notable mental and behavioural traits, such as delusions, hallucinations, or other psychotic symptoms.[14] The patient, infant, and family may all be significantly affected by postpartum psychosis, which can be challenging to treat. It is among the conditions that need to be treated immediately.

The most prevalent symptoms among women with postpartum psychosis were anxiety (71%), abnormal thinking content (72%), and irritability (73%); 8% of patients also thought of killing a newborn as a solution, and almost one-fifth (19%) of patients also had suicidal thoughts. Delusions and hallucinations were frequently accompanied by negative emotions. The manic profile is characterised by agitation and manic symptoms, the depressive profile by anxiety and depression, and the atypical profile by disorientation and consciousness abnormalities.[17]

One of the most significant challenges for obstetricians and psychiatrists is determining if the mother, the foetus, or the newborn is at risk. It is critical to perform a risk assessment and to remember that it is always prudent to err on the side of caution (early intervention).

Perinatal Posttraumatic Disorder (P-PTSD)
Intrusive thoughts and imagery, avoidance symptoms, negative changes in mood and thought patterns, and changes in arousal and reactivity are characteristic of PTSD diagnosis. Perinatal care workers often see signs of PTSD. Events involving relationships, emotions, or senses may act as

triggers, resulting in persistent memories, flashbacks, or dreams related to the traumatic incident. Triggers can cause strong physical or psychological reactions that make the event seem like it is happening right now. Clinicians can more effectively diagnose and treat patients with PTSD when they are aware of the basic principles of the condition. The three tiers of a continuum that comprise possibilities for reducing the negative consequences of PTSD are trauma-focused therapies, trauma-specific practices and initiatives, and a wide trauma-informed approach. The well-being of childbearing women who have survived trauma can be significantly improved by clinicians who can compassionately comprehend post-traumatic stress disorder and respond with evidence-based programmes, practices, therapies, and referrals.[18]

Infertility-Related Mental Health

The relationship between stress and infertility has been debated for years. Given that infertile women report higher levels of anxiety and despair, it is apparent that infertility causes stress.[19] However, it is less clear how stress and infertility are related. The fight against infertility is silent. An inability to reproduce naturally may lead to feelings of shame, remorse, and inadequate self-worth. The impact of distress on treatment outcome is difficult to establish for a number of reasons, including inaccurate self-report measures and feelings of heightened optimism at the beginning of therapy. However, new research indicates that psychological treatments are associated with significant increases in the number of pregnancies and are successful in lowering psychological discomfort.[20]

These negative feelings may lead to a poor quality of life and varying degrees of anxiety, discomfort, and sadness. This raises one of the most intriguing conundrums facing the body and mind: does infertility cause stress, or does stress cause infertility? The impact of distress on the outcomes of reproductive treatments is less well understood. A cognitive-behavioural group approach may be the most efficient way to answer both questions.[21]

DISCUSSION

Liaison psychiatry offers unique support for people with combined physical and psychiatric disorders in a general hospital. Liaison psychiatry also reduces overall risks and is associated with better therapeutic outcomes. Due to the need for most maternal care to be provided in general hospitals, liaison psychiatry can reach out to maternity units. The economic benefits of liaison psychiatry have been clearly seen, and these benefits increase as services become more extensive. It helps in bridging the mind-body divide, as well as improving the interface for holistic and more intensive mental health support for maternity services.

We also know that mental illnesses in the perinatal period, especially mood disorders, are more common than we have previously realised. Although questionnaires can help, liaison psychiatry offers scope for professional support in the immediate postpartum period by co-ordinating support in the community, where there has previously been the risk of new mothers being lost to follow-up. Depending on the underlying issue, the referral may proceed to involve community prenatal services.[12]

In the field of medicine, taking risks that could endanger a mother or newborn is discouraged. There is a perception of inherent risk with mental health presentations. Liaison psychiatry enables early risk assessments and appropriate interventions by trained mental health professionals.

Healthcare providers around the world are beginning to understand the significance of "no health without mental health." The need for psychiatric care to be integrated properly with physical support and to be provided in similar environments is best provided by a liaison service. The promising signs in the UK and USA of the effectiveness of liaison psychiatric services are being recognised across the world. Similarly, the field of prenatal mental health is emerging as a critical branch of psychiatry. Over the last twenty years, education has improved, but the vital role of liaison psychiatry services in improving access to services for new mothers remains to be known and established in healthcare systems.

CONCLUSION

It is anticipated that liaison psychiatric services will continue to grow in the UK as well as internationally, including in low- and middle-income countries. Additionally, the services should be more inclusive, including perinatal care and treatments like neuropsychiatry and management of substance abuse. Liaison psychiatric services can provide a chance to lead the way in psychiatric care that acknowledges the clinical and comprehensive requirements of new mothers.

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