

Index

Please note: page numbers in **bold type** indicate figures or tables.

- acceptance and commitment therapy, 264–5
- accreditation, national process, 41, 394–6
- acquired brain injury and the MHA, 169
- in children, 241
- psychosis and, 161
- active listening, 261
- acute behavioural disturbance (ABD), 172–86
- aetiological considerations, 174
- affective disorders and, 174
- assessment, 175
- case example and overview, 172–3
- debriefing, 185
- ethnography and impact studies, 185–6
- management, 175
- preliminary steps, 175–6
- de-escalation, 177–8
- indicators of heightened arousal, 176
- initial observations, 176–7
- pharmacological, 185
- administration route, 179
- antipsychotics, 180–2
- aripiprazole, risperidone and quetiapine, 181
- benzodiazepines, 179–80
- choice of medication, 182–4
- dexmedetomidine, 182
- droperidol, 180–1
- ‘black box’ warning, 180
- haloperidol, 180
- plus lorazepam, 181
- plus promethazine, 181
- ketamine, 182
- loxapine, 181
- olanzapine, 180
- promethazine, 182
- rapid tranquillisation, 179
- during pregnancy, 184
- health monitoring, 184–5
- post-de-escalation and medication, 185
- restraint and restrictive practices, 178–9
- personality disorders and, 175
- psychosis and, 174
- risk factors, 173
- self-harm as driver of, 173
- ADHD (attention deficit hyperactivity disorder), potential impact on care of chronic physical illness, 233
- Adults with Incapacity (Scotland) Act 2000, 272
- affective disorders, and ABD, 174
- age of patient, as triage criteria for CL services, 2
- Agenda for Change (NHS), 33
- alcohol misuse, 117–31
- alcohol-related brain damage (ARBD), 131
- facts and figures, 117–18
- intoxication, 120–1
- and suspected head injury, 122
- and Wernicke’s encephalopathy, 123
- characteristic features, 121
- common associated complaints, 118
- common reasons for requesting CL team assessment, 122
- co-morbidities to look out for, 123
- initial assessment scaffold, 122–4
- mimics, 123
- stages of, 122
- liaison mental health nursing and, 38
- pharmacology of alcohol, 118–20
- percentages and units, 119–20
- reference guide for alcohol units, 119
- role of CLP in chronic cases, 130–1
- screening for, 120
- withdrawal, 124–6
- and Wernicke’s encephalopathy, 129–30
- delirium tremens, 126, 127–9
- diagnostic criteria, 125
- management of, 126–7
- monitoring requirements, 126
- severity, 125
- Alexander, Franz, 430
- Alzheimer, Alois, 189
- anticonvulsants, depression and, 86
- antidepressants, risks of prescribing in pregnancy, 222–4
- antipsychotics in management of ABD, 180–2
- prescribing in pregnancy, 224
- anxiety disorders
- epilepsy and, 199
- MS and, 206
- perinatal, 213–16
- presentation to the ED with, 378
- anxiety, post-stroke, 194
- anxiety/depression in physical disease, 253, 259
- anxiolytics and hypnotics, prescribing in pregnancy, 226
- assessment process
- overview, 1
- basics, 12
- feedback provision to medical/surgical team, 13–14
- follow-up
- inpatient, 16–17
- on discharge, 17
- formulation, 15–16

- bio-psycho-social approach, 15
 case example, 15–16
 ‘Five Ps’, 16
 gathering collateral information, 12–13
 high-risk assessment room, PLAN requirements, 391–2
 parallel assessment argument, 3
 patient handover, 11
 preparation, 5–9
 current presentation, 6
 GP care record, 8
 investigations, 7–8
 medical status and barriers to progress, 8
 medication chart, 8
 multidisciplinary team notes, 7
 review of medical notes, 5
 understanding the patient’s hospital journey, 7
 psychiatric notes, 9
 recommendations, 16
 referrals
 alternative sources, 4–5
 helpful requests criteria, 3
 organisational aspects, 3–5
 prioritising and allocating, 3
 SBAR principles, 3
 triage criteria, 1–3
 specialist circumstances, 13
 suitable location, 10–11
 the process, 11
 attachment theory, health outcomes and, 53
 attitude change, liaison psychiatry teaching and, 309
 autistic spectrum disorders (ASD) and self-harm, 65
 antidepressants in pregnancy as risk factor for, 223
 liaison nursing and, 39
 medication and, 223
 potential impact on care of chronic physical illness, 233
 autoimmune encephalitis (AIE), 202–4
- balneotherapy, for treatment of FSS, 112
 Bennett, Henry, 419
 benzodiazepines, 142–4
 acute intoxication, 143
 dependence syndrome and withdrawal state, 143–4
 harm minimisation, 144
 in management of ABD, 179–80
 mechanism of action, 143
 prescribing in pregnancy, 226
 toxicity, 143
 management, 143
 beta blockers, prescribing in pregnancy, 226
 Bibring, Grete, 430
 biofeedback and relaxation techniques, for management of FSS, 113
 biopsychosocial treatment, of FSS, 112–13
 bipolar affective disorder and ABD, 174
 in MS, 205–6
 intoxication and, 124
 blood tests, role of, 8
 bodily distress disorder, 103
 bodily distress syndrome, 104
 brain damage, alcohol-related. *see under* alcohol misuse
 ‘Bridging the Gap’ (RCPsych/CMH), 406
 Brief Illness Perception Questionnaire (Broadbent et al.), 51
- cancer and suicide risk, 85
 CBT and, 323
 children’s psychosocial adjustment, 237
 common analogies, 48
 psychosocial care, 421
 trials of psychological treatment, 253, 257
 cannabis, 150–2
 acute intoxication, 150–1
 associated risks, 152
 harm minimisation, 152
 mechanism of action, 150
 toxicity, 151
 withdrawal syndrome, 151
 capacity
- assessment in patients with symptoms of psychosis, 168
 assessment of by liaison mental health nurses, 35
 assessment of in the ED, 377
 cardiovascular disease, relationship between depression and, 84
 Care Quality Commission (CQC) hospital inspection programme, 390
 catatonia
 diagnosis and treatment, 87–8
 in the context of schizophrenia, 159
 children and adolescents 40
 We Can Talk training package, 40
 see also paediatric CLP
 chronic disease
 adjustment to, 49
 differential effect, 52–3
 most common conditions, 52
 chronic fatigue syndrome, trials of psychological treatment, 254
 chronic pain, understanding, 361
 chronic primary pain, 105
 Clark, David, 410
 cocaine, 147–9
 acute intoxication, 148
 ‘crack’, 148
 risks specific to, 149
 mechanism of action, 147
 risks of chronic use, 149
 routes of administration, 147–8
 toxicity, 148–9
 withdrawal state, 149
 cognitive analytic therapy, 266
 cognitive behavioural therapy (CBT), in management of FSS, 113, 252, 262–3
 cognitive impairment
 alcohol misuse and, 130
 as a risk factor for delirium, 378
 assessment and, 13, 177, 338
 autoimmune disease and, 191
 capacity to refuse treatment and, 277
 depression and, 195
 in MS, 206

- cognitive impairment (cont.)
 in older adults, 305
 Parkinson's disease and, 197
 perinatal mental illness
 and, 220
 use of restraint and, 280
 Whipple's disease and, 190
 cognitive therapy, inclusion
 criteria for trials, 251
 Collaboration for Leadership in
 Applied Health
 Research
 (CLARHC), 401
 common mental health
 disorders, education of
 hospital staff, 305
 communication
 impairment of and its
 impact, 57
 potential required
 modifications during
 assessment process, 13
 communication skills,
 education of hospital
 staff in, 306
 congenital malformations,
 antidepressants in
 pregnancy as risk factor
 for, 222–3
 consultation-liaison services,
 common referrals to *see*
also under referrals to
 CL services
 Convention on the Rights of
 Persons with
 Disabilities
 (CRPD), 271
 Cooksey report, 401
 COPD (chronic obstructive
 pulmonary disease),
 trials of psychological
 treatment, 258
 coping, psychological reaction
 to physical illness, 50, 51
 Core model of liaison
 psychiatry, 323, 405,
 407–9, 411
 counselling, 265–6
 COVID-19 pandemic,
 challenges for CLP, 429
 de-escalation of patient
 agitation
 recommended response, 374
 verbal, 177–8
 delirium tremens, 126, 127–9
 delirium, presentation to the
 ED with, 378
 dementia
 depression as risk factor for
 development of, 82
 education focus, 304
 intoxication and, 124
 liaison nursing and, 36,
 38
 potential impact on discharge
 planning, 9
 'This Is Me' tool, 38
 depot injection medications,
 risk of being missed in
 review of prescribed
 medications, 8
 depression
 overview, 78
 associated outcomes, 83–5
 emergency hospital
 admission, 83
 interactions with medical
 staff, 84
 maladaptive effects, 84
 mortality and suicide, 84–5
 physiological effects, 84
 quality of life, 83
 response to drug treatment
 for physical
 condition, 83
 bi-directional relationship
 with physical disease,
 78, 80
 catatonia, 87–8
 course of in physical
 disease, 82
 determining difference
 between a psychological
 reaction to illness and
 depression, 80
 diagnosis and detection,
 78, 80
 epidemiology, 81–2
 in medical settings, 78–94
 inflammation and, 85
 medication-related
 anti-inflammatory drugs, 87
 antiretroviral drugs, 87
 chemotherapy agents, 87
 epilepsy treatments, 86
 hepatitis C treatments, 87
 hypertension treatments, 86
 rheumatoid arthritis
 treatments, 86
 treatments Parkinson's
 disease, 87
 older adults, 82–3
 pathogenesis, 80–1
 people's understanding of,
 79–80
 post-stroke *see under* stroke
 prevalence estimates in
 general medical and
 surgical inpatients, 82
 screening for, 85
 symptoms in people with
 physical disease, 79
 treatment/management
 antidepressants, 92
 collaborative care, 88–90
 exercise, 90
 general approaches, 78–94
 NICE guidelines, 92
 primary/community care,
 92
 psychosocial
 interventions, 90–1
 response of physical
 symptoms to
 psychological/
 psychotropic
 treatment, 92
 understanding contributing
 factors, 5
 deprivation of liberty 347
 detention powers of liaison
 teams under MHA, 347
see also under legal and ethical
 issues
 Deprivation of Liberty
 Safeguards (DoLS),
 279–80
 expected replacement,
 280, 285
 hospital treatment under
 DoLS, 280
 Deutsch, Felix, 430
 Deutsch, Helene, 430
 developing CLP services,
 401–11
 challenges
 integration within mental
 health services, 410
 maintaining and developing
 specialist services, 410
 rapid workforce expansion,
 409–10
 evidence-practice
 alignment, 401
 marketing, strategic, 402
 nurses' influence, 41
 policy into practice

- expertise by experience and the role of patient advocates, 407
 implementation, 407–8
 monitoring progress, 408–9
 NHS commissioning framework, 406
 PLAN, 408
 quality assurance, 408
 policy-making
 case study, 405–6
 co-production and partnerships, 405–6
 linking to other developments in acute care, 406
 political perspective, 404–5
 role of relationships, 403
 taking action, 411
 diabetes
 impact of depression on self-care regimes, 84
 in young people, 234
 trials of psychological treatment, 259
 diagnostic overshadowing, mitigating the risk of, 374
 disability, UN Convention on the Rights of Persons with Disabilities (CRPD), 271
 discrimination and abuse, in the ED, 376–7
 dissociative disorders, 103, 104
 distress 97
 functional somatic symptoms as indicator of, 97
see also functional somatic symptoms
 managing, 37
 domestic violence, and assessment in the ED, 380
 droperidol
 ‘black box’ warning, 180
 in management of ABD, 180–1
 Dunbar, Helen Flanders, 430
 Duty of Candour, 36
 eating disorders
 Australian perspective, 421
 co-occurrence with self-harm, 62
 legal and ethical issues, 285
 education of hospital staff
 attitude change and, 309
 audience
 medical staff, 302–3
 nursing staff and allied health professionals, 303–4
 curriculum planning, 304–5
 feedback and evaluation of teaching, 314
 general psychiatry
 common mental health disorders, 305
 history-taking and communication skills, 306
 psychopharmacology, 307
 psychotherapeutic interventions, 306
 risk assessment of suicide and self-harm, 305–6
 liaison psychiatry-specific teaching
 medically unexplained symptoms, 307
 mental and physical health co-morbidity, 307
 mental health law and ethics, 308
 practical aspects of teaching, 308–9
 teaching environments
 clinical supervision groups, 311
 digital content and social media, 312–13
 learning groups, 310
 lectures, 310
 reflective practice groups, 311
 simulation, 312
 small group teaching, 310
 teaching rounds, 312
 video conference versus face-to-face teaching, 313–14
 the case for liaison psychiatry teaching, 301–2
 education, training, research and supervision, liaison mental health nursing competencies, 40
 electroconvulsive therapy (ECT), catatonic schizophrenia and, 170
 emergency department
 psychiatry, 373–84
 assessments for patients in the ED, 3
 heroin toxicity management, 138–9
 legal and ethical perspectives, 286
 liaison mental health nursing and, 41–2
 principles of ED care, 373–7
 consent, capacity and leaving the department, 377
 de-escalation, 374
 diagnostic
 overshadowing, 374
 frequent attendance, 375–6
 optimising patient experience, 374
 rapid tranquillisation, 375
 restraint, 375
 stigma, discrimination and abuse, 376–7
 triage and side-by-side working, 373
 psychosis, 161–2
 service configuration, 381–4
 ED facilities, 382
 follow-up clinics, 382
 governance, 381
 integration with mental health services, 381
 mental health emergency centres/psychiatric decision units, 382
 onward care, 383
 outcome measurement, 383
 staffing, 382
 training, 383
 specific conditions, 377–80
 alcohol and other drugs, 379–80
 anxiety disorders, 378
 crisis and adversity, 380–1
 delirium, 378
 factitious disorder and malingering, 380
 intellectual disability 379
 mania and psychosis, 377
 suicidality and self-harm, 379, 392
 suicidal ideation and referral to CL team, 4

- emergency departments, 373
 and 'place of safety' policy
 development, 404–5
 assessment of domestic
 violence, 380
 evaluation of CLP in ED
 settings, 350–1
 frequent attender services,
 351–2
 managing distress in, 37
 'Morbidity & Mortality'
 reviews, 381
 PLAN standards
 for high-risk assessment
 room, 391–2
 requirements for
 accreditation, 397
 violence reduction strategies,
 185–6
- Engels, George, 430
- epilepsy, 198–202
 anxiety disorders, 199
 depression in, 198–9
 forced normalisation, 201
 psychosis, 161, 200
 assessment tips, 201
 ictal, 200
 interictal, 201
 post-ictal, 200
 treatment, 201–2
- Equality Act 2010 (England
 and Wales), 275
- European Consultation-
 Liaison Workgroup
 (ECLW) Collaborative
 Study, 345
- European Convention on
 Human Rights
 (ECHR), 271
- evidence base for CLP, 345–53
 activities, 345–6
 common clinical problem
 scenarios, 346
 evaluations, 348–53
 emergency department
 settings, 350–1
 frequent attender services,
 351–2
 hospital in-patient settings,
 349–50
 primary care settings, 352–3
 specialist clinics, 352
 impact, 347–8
- exercise
 in management of FSS,
 112, 365
- in treatment of depression, 90
- factitious disorder
 and presentation to the
 ED, 380
- functional somatic symptoms
 and, 105, 111
 vulnerability of children
 to, 241
- families, role in collateral
 information provision,
 12–13
- 'Four Habits' framework for
 teaching and assessing
 communication
 skills, 306
- framework for routine
 outcome measures in
 liaison psychiatry, 41
- Framework of Health Services
 Utilisation (Andersen
 and Newman), 52
- frequent attendance in the ED
 and evaluation of CLP in ED
 settings, 351–2
 recommended responses,
 375–6
- functional neurological
 disorders
 body changes, 360–1
 chronic pain, 361
 mechanisms, 360–1
 options for follow-up on
 discharge, 17
 trials of psychological
 treatments, 256
- functional somatic symptoms
 (FSS), 97–114
 overview, 97
 acceptable terminology,
 99–100
 aetiology and
 psychophysiology, 100
 background of somatic
 symptoms, 97–8
 barriers and prospects, 102–3
 classification, 103–5
 bodily distress disorder, 103
 bodily distress
 syndrome, 104
 chronic primary pain, 105
 dissociative disorders, 104
 functional somatic
 disorders, 105
 functional somatic
 syndromes, 104
- other symptom
 categories, 105
 somatic symptom
 disorder, 103
 somatoform disorders, 103
 clinical presentation and
 impact, 102
 diagnosis
 conditions, contexts and
 consequences, 108
 examination and workup,
 106, 108
 informing the patient, 108–9
 screening, 106
 disambiguation, 99
 key points, 114
 management in CLP, 105, 107
 points to discuss with
 patient, 260
 risk factors and predictors,
 100–1
 symptom phenomenology
 and narration, 98
 syndromes, 104
 treatment
 balneotherapy, 112
 biofeedback and relaxation
 techniques, 113
 bio-psycho-social treatment,
 112–13
 communication,
 cooperation and
 commitment, 110
 complementary
 therapies, 112
 development of an
 individual explanatory
 model, 110
 expectations and goals,
 110–11
 hypnotherapy, 113
 occupational therapy, 365–6
 pharmacological, 112
 physiotherapy/exercise
 therapy, 112
 psychotherapy, 113–14
 self-help, 111
- gamma butyrolactone *see*
 GBL/GBH
- gamma hydroxybutyrate *see*
 GBL/GBH
- GBL/GBH, 144–7
 acute intoxication, 145
 harm minimisation, 146–7
 mechanism of action, 145
 onward referral, 146

- toxicity, 145–6
 typical dosage, 145
 withdrawal state, 146
- haloperidol, in management of
 ABD, 180–1
- Hart, Chris, 33
- Health and Social Care Act
 2012, 407
- healthcare staff, relationships
 with, 56
- heroin/opioid misuse,
 137–42
 acute intoxication, 137
 dependence management, 139
 buprenorphine, 140
 methadone, 140
 naltrexone, 141
 mechanism of action, 137
 toxicity, 137
 emergency management,
 138–9
 treatment in a liaison setting,
 141–2
 onward referral, 142
 withdrawal states, 139, 140–1
- high-risk assessment room,
 PLAN requirements,
 391–2
- history-taking, education of
 hospital staff in, 306
- homelessness, and attendance
 in the ED, 381
- hospitals
 environmental challenges, 56
 responsibilities under
 MHA, 281
- Human Rights Act 1998, 271
- humour, value of for
 recovery, 57
- Huysse, Frits, 425, 429
- hypnotherapy, for
 management of FSS,
 113, 265
- identity, and the impact of
 a disability, 58
- illness
 experience of and responses
 to, 55
 illness perception and
 common-sense model
 of self-regulation, 50–2
 meaning of, 48–9
 personal experience of illness
 and recovery, 57–8
 potential benefits, 49
 Illness Action Model, 52
 illness perception
 core constructs, 50
 measuring, 51
 patient drawings, 52
 relationship to health
 outcomes, 52
 illness perceptions, 50
- Improving Access to
 Psychological Therapies
 (IAPT), 92, 339, 352,
 357, 410
- independent prescribing,
 liaison nursing and, 37
- intellectual disability 233
 potential impact on care of
 chronic physical illness,
 233
see also people with
 intellectual disabilities
- international perspectives
 Australia and New Zealand,
 413–22
 current situation, 417–20
 governance, 417
 Indigenous populations,
 419–20
 nursing, 418–19
 staffing, 418
- history of CLP, 413–17
 clinical service models and
 funding, 415
 digital experiments, 416
 early paradigms, 415
 prioritisation of ‘serious
 mental illness’, 415–16
 scope of practice, 414
 stagnation risk, 416–17
 solution, 417
- research, 420–2
 abnormal illness/treatment
 behaviour, 420
 eating disorders, 421
 novel study designs and
 interventions, 421–2
 psycho-oncology and
 palliative care, 421
 somatisation, 421
 suicidal behaviour and
 self-harm, 421
- Canada, 434–7
 history of CLP
 a sense of professional
 identity (2010s–
 2021), 437
- Canada, history of CLP
 development of the
 discipline (pre-1980),
 434–5
 specialisation without
 subspecialty
 (1980s–1990s), 435–6
 self-organising to set the
 national agenda
 (2000s–2010s), 436–7
- Europe, 422–30
 case mix, 423
 future developments,
 429–30
 med-psych/psychosomatic
 units, 424–5
 primary/collaborative
 care, 424
 process and outcome,
 425–6
 regional perspective
 Benelux states, 428
 Eastern European
 countries, 427–8
 French-speaking
 countries, 428
 German-speaking
 countries, 424, 427
 Scandinavia, 429
 Southern Europe, 428
 Switzerland, 428
 training, 425
 types and organisation of CL
 services, 422–3
- United States, 430–4
 current situation, 432–4
 CL service delivery, 433–4
 governance, 432, 433
 scope of clinical
 practice, 434
 history of CLP, 430–2
 birth of a national CLP
 organisation, 430–2
 intellectual ancestry,
 430
 name change, 432
- interpreters, in the assessment
 process, 13
- intoxication, 120–1
 presentation to the ED with
 intoxication-related
 injuries, 379–80
see also under alcohol misuse
- irritable bowel syndrome, trials
 of psychological
 treatment, 255

- Jung, Carl, 430
- Katon, Wayne, 433
- Kaufman, Ralph, 430
- ketamine, 153–5
 acute intoxication, 154
 harm minimisation, 155
 in management of ABD, 182
 mechanism of action, 154
 risk of acute use, 154
 risks of chronic use, 154
 toxicity, 154
- King, Billie Jean, 403
- Lamb, Norman, 404
- Lasting Power of Attorney (LPA), capacity assessment, 278
- Layard, Richard, 410
- legal and ethical issues, 271–86
 benefits of LP-specific teaching, 308
 challenging areas of practice
 capacity to end one's own life, 284–5
 eating disorders, 285
 core principles of LP practice, 271
 human rights legislation and mental health law, 271
 in liaison mental health nursing, 35–6
 legislative changes, 285–6
 mental capacity 271
 concept and practice, 271–2
 assessment, 273
 setting up an assessment, 274–5
 setting up an assessment, pre-assessment considerations, 273–4
 conducting an assessment, 275
 decision-making
 advance, 278–9
 best-interests decisions, 277–8
 eating disorder
 example, 285
 Independent Mental Capacity Advocate (IMCA), 279
 limb amputation
 example, 279
 documentation and record-keeping, 277
 example of an MCA assessment, 275–7
 Lasting Power of Attorney (LPA), 278
 capacity to end one's own life, 284–5
 deprivation of liberty
 the concept, 280
 Deprivation of Liberty Safeguards (DoLS), 279–80
 expected replacement, 280, 285
 example, 280
 hospital treatment under DoLS, 280
 Liberty Protection Safeguards (LPS), 280, 285
 Kerrie Woollorton case, 284–5
 Mental Capacity Act, 272–3
 Mental Capacity Amendment Act (expected 2023), 280, 285
 US perspective, 272
 Mental Health Act, 280–1
 MHA detention versus MCA-DoLS, 283–4
see also Mental Capacity Act (MCA); Mental Health Act (MHA),
 liaison mental health nursing, 32–45
 overview, 32
 Australian and New Zealand perspective, 418–19
 competencies, 33–41
 overview, 33–4
 capacity assessments and advice, 35
 child and adolescent/paediatric services, 39–40
 clinical interventions, 36
 education, training, research and supervision, 40
 ethical issues, 35–6
 evaluation and improvement of nursing provision, 41
 learning disabilities and autism, 39
 mental health nursing
 assessment and consultation, 34–5
 nursing advice
 on care of patients with complex needs, 37
 on legal issues, 36
 on medication and non-medical prescribing, 37
 older adults, 38
 patient admission and discharge, 36
 patient advocacy, 35–6
 perinatal services, 39
 persistent physical symptoms, 38
 record keeping and report-writing 36
 risk assessment including self-harm, 35
 specific physical illnesses, 37–8
 substance misuse including alcohol, 38
 development history, 32–3
 informal education
 opportunities, 40
 in-house staff development ('growing your own'), 44
 key points, 44–5
 leadership roles
 emergency department and wider hospital, 41–2
 service development and influence, 41
 nurse consultant roles
 education, training and development of staff, agencies and services, 43
 expert clinical practice, 43
 leadership and consultancy, including clinical supervision, 43
 research into service provision and evaluation, 44
 liaison psychiatry services, interventions, main types, 347
 liaison psychiatry teaching, the case for 301–2 *see also* *under* education of hospital staff,
 Liberty Protection Safeguards (LPS), 280, 285

- Lipowski, Zbigniew, 48, 56, 430, 434
- lithium, prescribing in pregnancy, 225
- London Wide Liaison Nurses Special Interest Group, 33
- loss, view of illness in terms of, 48–9
- low mood
 and failure to engage in rehabilitation, 79
 as key symptom of all depressive states, 79
 exacerbated by
 communication impairment, 57
 potential impact on engagement with physiotherapy, 5, 8, 15, 16
- malingered, and presentation to the ED, 380
- manual restraint
 NICE definition, 178
 rapid tranquillisation as alternative to prolonged restraint, 179
- medical fitness, as triage criteria for CL services, 2–3
- medical notes, reviewing, 5
- medically unexplained symptoms (MUS)
- liaison psychiatry specific teaching, 307
- psychological treatments for *see* psychological treatments for PPS/MUS
- medications, psychiatric consequences, 8
- mental and physical health comorbidity, liaison psychiatry-specific teaching, 307
- Mental Capacity Act (MCA)
 capacity determination process, 273
 example of an MCA assessment, 275–7
 key principles, 272
 main function, 283
- Mental Capacity Amendment Act (expected 2023), 280, 285
- mental disorders
 association with self-harm, 64–5
 impact on physical health outcomes, 1
- Mental Health (Care and Treatment) (Scotland) Act, 281
- Mental Health (Northern Ireland) Order, 281, 282
- Mental Health Act (MHA), and patients in ED settings, 286
- decision-making aid, 283
- detention powers of liaison teams, 347
- hospital responsibilities, 281
- legislative history, 280–1
- liaison nursing and, 36
- likelihood of errors in application and use in the general hospital, 308
- main function, 283
- ‘places of safety’, 281, 404, 406
- psychosis management and, 168–70
- reform proposals, 286
- Section 136 (place of safety), 281
- Section 5(2) (doctor’s holding power), 282
- Sections 2 and 3 (assessment of mental health), 282
- see also under* legal and ethical issues
- Meyer, Adolf, 430
- migration and flight, long-term consequences on mental health, 429
- mindfulness, 264
- mood stabilisers, prescribing in pregnancy, 225–6
- Mosely, Lorimer, 361
- motor neurone disease (MND), trajectory of disease, 189
- multiple sclerosis (MS), 204–6
 anxiety disorders in, 206
 bipolar affective disorder in, 205–6
 cognitive impairment in, 206
 depression in, 204–5
 epidemiology, 204
- psychosis in, 206
- self-harm, risk factors, 204
- National Confidential Enquiry into Patient and Outcome and Death (NCEDPOD), 390
- Network Episode Model, 52
- neurodevelopmental disorders, associated with increased prevalence of physical comorbidities, 234
- neuroleptic malignant syndrome (NMS), 88, 198
- neurology, 189
- neurology–psychiatry interface, 189–206
 assessment approach to a known neurological diagnosis, 189–90
 autoimmune encephalitis (AIE), 202–4
 differential diagnosis, 190–1
 historical perspective, 189
 mental state examination, 191–3
 neurology topics for CL teams 195
 epilepsy, 198–202
 neuroimmunology, 202–6
see also anxiety disorders; bipolar affective disorder; cognitive impairment; psychosis
- Parkinson’s disease, 195–8
 stroke, 193–5
see also under individual topics
- NICE (National Institute for Health and Care Excellence)
 definition of manual restraint, 178
 guidance on self-harm, 305
 guidelines for management of depression in chronic physical illness, 85
 guidelines on suspected head injury patients, 122
 guidelines on treatment of depression, 92

- NICE (cont.)
 screening recommendations
 for alcohol misuse, 120
 self-harm
 definition of, 61
 guidelines for management of, 66
 nitrous oxide, 155–6
 acute intoxication, 155
 chronic use,
 consequences, 156
 harm minimisation, 156
 toxicity, 155
 ‘No Health without Mental Health’ (RCPsych campaign), 404
 Northern Ireland, mental health legislation, 272
 novel psychoactive substances (NPS), 152
 nurse consultant roles *see under* liaison mental health nursing
 nursing education, revised standards, 40
 nursing in CL settings 32–45
 see also liaison mental health nursing,
 occupational therapy, in
 management of FSS, 365–6
 older adults
 cognitive impairment in, 305
 depression in, 82–3
 liaison mental health nursing and, 38
 multimorbidity and coordinated care, 92
 physical illness and risk of suicide, 83, 84–5
 opiate substitution therapy (OST), 139
 outcome measurement, 328, 343
 at different levels of service activity, 329–39
 case mix and, 340–1
 ED attendance and, 383
 evaluation design, 339–40
 Framework for Routine Outcome Measurement in Liaison Psychiatry, 383
 in context, 328–9
 individual-level clinical outcomes, 334–8
 choosing outcome measures, 335, 338
 outcomes to measure following liaison psychiatry contact, 334
 non-psychiatric staff responses, 338
 organisation level, 330–3
 early readmission rates, 331
 inpatient length of stay, 330
 limitations of organisation-level outcomes, 333
 patient complaints/satisfaction, 332
 serious/untoward incidents, 331
 specialist referral rates, 331
 waiting times, 331
 planning checklist, 342
 population level clinical outcomes, 333–4
 condition-specific measures, 333–4
 frequent attendance, 333
 limitations, 334
 TIDieR intervention
 description and replication
 template, 330
 paediatric CLP, 232–47
 chronic illness and adversity, 234
 clinical aspects
 developmental view of assessment and intervention, 237–8
 Piaget’s stages of development and conception of illness, 237–8
 interviewing children and adolescents and working with paediatric teams, 238
 parental involvement and working with families, 239
 psychiatric presentations in paediatric settings, 239–43
 case examples, 242–3
 diagnostic difficulties, 234
 intersection between physical illness, educational and social opportunities and mental health, 233–4
 legal aspects, 243
 Children’s Act (2004), 244
 competence, capacity and consent, 243–4
 safeguarding, 244
 liaison mental health nursing competency, 39–40
 need for paediatric liaison services, 234–7
 improving access to care, 235
 improving outcomes, 236
 reintegration, 236
 risk assessment, 235–6
 specialist and holistic approach, 235
 specialist assessment and interventions, 236
 relationship between physical illness and psychiatric disorders in young people, 232–3
 service development
 interface work and the PL team, 244–5
 models, 245–7
 research and audit, 247
 parallel assessment, argument for, 3
 ‘Parity of Esteem’ (RCPsych campaign), 404
 Parkinson’s disease (PD)
 anxiety symptoms, 196–7
 depressive symptoms, 195–6
 psychotic symptoms, 197–8
 trajectory of disease, 189
 patient admission and discharge, liaison mental health nursing and, 36
 patient advocacy, as liaison mental health nursing competency, 35–6
 patient advocates, role of in developing CLP services, 407
 people with intellectual disabilities, assessment in the ED, 379
 people with learning disabilities
 and self-harm, 65

- increased mortality, 39
 liaison nursing and, 39
 perinatal mental illness 219
 anxiety disorders, 213–16
 baby blues, 210–11
 bipolar disorder, 216–18
 care planning, 228
 complex PTSD, 216
 depression, 211–13
 eating disorders, 221–2
 generalised anxiety disorder (GAD), 214
 liaison nursing and, 39
 mood disorders, 210–13
 percentage of fathers
 experiencing postnatal depression, 210
 postpartum OCD, 214–15
 postpartum psychosis, 218–19
 preconception counselling, 228–9
 risk assessment, 227–8
 schizophrenia, 219–20
 tokophobia, 215–16
see also prescribing in pregnancy
 perinatal psychiatry *see* perinatal mental illness
 persistent physical symptoms (PPS)
 liaison mental health nursing and, 38
 psychological treatments for *see* psychological treatments for PPS/MUS
 persistent pulmonary hypertension in the neonate (PPHN), antidepressants in pregnancy as risk factor for, 223
 personality disorders
 and ABD, 175
 association with self-harm, 65
 physiotherapy/exercise therapy, in management of FSS, 112, 365
 Piaget, Jean, stages of development and conception of illness, 237–8
 Pick, Arnold, 189
 ‘places of safety’, 281, 404, 406
 PLAN standards, 391–9
 accreditation process, 394–6
 key stages, 394
 collection of feedback, 394
 compilation of initial report, 395
 peer-review visit, 395
 revision of report, 395
 self-assessment, 394
 submission of report to Accreditation Committee, 395
 achieving accreditation, 396–8
 preliminary review of standards, 396
 collecting feedback, 396–7
 ED assessment room, 397
 peer-review visit, 397
 policies and protocols, 396
 publicising
 accreditation, 398
 team involvement, 396
 categorisation, 392
 core standards, 393
 development, 391
 ED high-risk assessment room, 391–2
 examples, 393
 learning from PLAN, 398–9
 relevant additional standards, 393
 planning and delivery of CLP services, 318–26
 clinicians’ perspective, 323–4
 commissioners and senior managers’ role, 322–3
 current picture
 patterns of activity, 320–2
 service provision, 318–20
 economic arguments, 323
 factors to consider, 321
 implementation plan, 326
 model service configuration, 324–6
 patients’ perspective, 324
 service description
 framework, 325
 stages, 318
 police, and referrals to CL team, 5
 polypharmacy, potential impact, 38
 pregnancy 184
 psychosis and, 163–4
 rapid tranquillisation during, 184
see also perinatal mental illness; prescribing in pregnancy
 prescribing decisions in psychosis
 arrhythmias, 167
 liver disease, 166
 renal disease, 166
 prescribing decisions, liaison nursing and, 37
 prescribing in pregnancy antidepressants, 222–4
 risks to the fetus
 autistic spectrum disorders (ASD), 223
 antidepressants, risks to the fetus
 congenital malformations, 222–3
 PPHN, 223
 antipsychotics, 224
 anxiolytics and hypnotics, 226
 benzodiazepines, 226
 beta blockers, 226
 general principles, 222
 lithium, 225
 mood stabilisers, 225–6
 psychotropic medication, 222
 risk versus benefit, 223
 ‘Z-drugs’, 226
 primary care model of CLP services, 356–72
 overview, 357–8
 case examples
 Carol, 356, 362–4
 Isaac, 356, 368–9
 Neil, 357, 369
 data analysis and, 367
 diagnosis and medication, 367–8
 dos and don’ts for primary care physicians and juniors, 362–4
 evaluation, 352–3
 facts and figures from Nottinghamshire CLP teams, 369–72
 function of the service, 359
 functional neurological disorders, 360–1
 body changes, 360–1
 chronic pain, 361

- primary care model (cont.)
 initial assessment and
 psychoeducation, 364
 interventions, 365
 occupational therapy, 365–6
 physiotherapy, 365
 psychological input, 367
 support workers, 366
 location of patient
 assessment, 362
 symptoms, 359–60
 systemic approaches, 367
 team make-up, 361
 team meetings, 362
 psychiatry, historical blurring
 of the boundaries
 between neurology,
 neuropathology and,
 189 *see also* neurology-
 psychiatry interface
 psychodynamic-interpersonal
 therapy (PIT),
 treatment of PPS/MUS,
 263–4
 psychological reaction to
 physical illness, 48–58
 overview, 48
 adaptive coping and
 emotional regulation
 strategies, 51
 chronic disease
 adjustment to, 49
 differential effect, 52–3
 most common
 conditions, 52
 formulation, 55–6
 family, 56
 meaning of the illness, 56
 nature of the distress, 55
 personality, 56
 previous experience of
 illness, 56
 prior history of mental
 health problems or
 childhood adversity, 56
 illness perception and
 common-sense model
 of self-regulation, 50–2
 maladaptive coping and
 emotional regulation
 strategies, 51
 meaning of illness, 48–9
 personal experience of illness
 and recovery, 57–8
 previous experience of illness
 and, 55
 psychological and social
 models of health
 behaviour, 52
 relationships, importance
 of, 53
 resilience and, 54–5
 spirituality and religious
 faith, 53–4
 stress and coping, 50, 51
 psychological treatments for
 PPS/MUS, 250–67
 cognitive therapy, inclusion
 criteria for trials, 251
 determining patient
 suitability for, 266
 evaluation challenges,
 250–2
 evidence base, 252,
 259
 anxiety/depression in
 physical disease,
 253, 259
 functional somatic
 syndromes, 253
 reviews of non-
 pharmacological
 interventions, 252–3
 generic aspects
 active listening, 261
 clear rationale for
 treatment, 261
 empathy, 261
 engagement, 261
 expertise/understanding of
 physical health
 problems, 261
 healthy lifestyle advice, 262
 matching intensity to
 severity and chronicity
 of symptoms, 253–60
 points to discuss with
 patient, 260
 referral process, 260
 shared model, 261
 therapeutic alliance, 261
 individual approaches, 262–6
 acceptance and commitment
 therapy, 264–5
 cognitive analytic
 therapy, 266
 cognitive behavioural
 therapy, 262–3
 counselling, 265–6
 hypnosis, 265
 interpersonal therapy, 265
 mindfulness, 264
 psychodynamic
 interpersonal therapy,
 263–4
 psychological treatments, trials
 cancer, 253, 257
 COPD, 258
 diabetes, 259
 functional
 neurological
 disorders, 254
 IBS, 255
 psychopharmacology,
 education of
 hospital staff
 in, 307
 psychosis
 and ABD, 174
 assessment and diagnosis, 159
 assessment and treatment in
 general hospital
 settings, 158–69
 distinguishing between
 schizophrenia and other
 causes, 160
 epidemiology and the role of
 the CLP team, 158
 factors prompting
 consideration of organic
 drivers for, 160–1
 likely presentations
 emergency department,
 161–2
 ICU, medical and surgical
 wards, 162–3
 liaison outpatients, 164–5
 maternity department,
 163–4
 management
 biological aspects, 166–7
 clinical aspects, 165
 depot injections and
 clozapine, 167–8
 medicolegal aspects
 capacity assessments, 168
 Mental Health Act (MHA),
 168–70
 prescribing considerations,
 166–7
 arrhythmias, 167
 liver disease, 166
 renal disease, 166
 psychological factors, 165
 side effects, 167
 social aspects, 165–6

- organic drivers, examples
 of, 161
 post-stroke, 195
 presentation to the ED
 with, 377
 presentations in different
 general hospital
 settings, 161
 psychosocial care of patients
 with cancer, Australian
 perspective, 421
 psychosocial interventions,
 for chronic disease and
 depression, 90–1
 psychotherapeutic
 interventions,
 education of hospital
 staff in, 306
 psychotherapy
 for treatment of FSS, 113–14
 teaching requirements, 306
 psychotropic medication,
 prescribing in
 pregnancy, 222
- Quality Outcomes Framework
 (QOF), 333
- rapid tranquillisation
 as alternative to prolonged
 restraint, 179
 during pregnancy, 184
 health monitoring, 184–5
 in management of ABD, 179
 in the ED, 375
- referrals to CL services
 alternative sources, 4–5
 common reasons for, 6
 helpful requests criteria, 3
 organisational aspects, 3–5
 prioritising and allocating, 3
 SBAR principles, 3
 triage criteria, 1–3
- refugees and asylum seekers, and
 attendance in the ED, 381
- relationships, importance of, 53
- religion/spirituality, and
 psychological reaction
 to physical illness, 53–4
- resilience
 and psychological reaction to
 physical illness, 54–5
 measures of, 54
- restraint
 in management of ABD,
 178–9
- removal in the ED, 375
- role of peer to developing CLP
 services, peer
 influencers, 402
- safeguarding and protection,
 responsibilities of
 hospital staff, 380
- schizophrenia
 diagnostic criteria, 159
 distinguishing from other
 causes of psychosis, 160
 intoxication and, 124
 management, 165
 physical health and the role of
 the CLP team, 158
 pooled lifetime prevalence
 and life expectancy, 158
 presentation with ABD, 174
- Scotland (Mental Health (Care
 and Treatment)
 (Scotland) Act, 282
- SEGUE framework for teaching
 and assessing
 communication
 skills, 306
- self-harm, 61–77
 overview, 61
 definition, 61–2
 age and, 63
 as driver of ABD, 173
 assessment
 overview, 61
 diversity and, 69–70
 of needs, 68–9
 of resources and assets, 70
 of risk, 66–7, 71
- associations
 life events and
 difficulties, 65–6
 mental disorder, 64–5
 personality disorder, 65
 psychological
 characteristics, 65
- by swallowing objects, 380
- epidemiology, 62–4
- ethnicity and, 64
- function, 68
- gendered perspective, 63
- in the NEET population, 64
- leading to hospital admission,
 70, 72
 case examples, 72
- lifetime prevalence in
 UK adult population,
 61
- main risks for suicide or
 repetition, 67
- management guidelines, 66
- NICE guidance, 39
- outcomes following, 64
- overlapping phenomena, 62
- personal experiences, 76
- positive feelings generated
 by, 68
- relationship with substance
 misuse, 64
- relationship with suicidal
 behaviour or intent,
 61–2, 64
- risk assessment as liaison
 mental health nursing
 competency, 35
- risk factors in MS, 204
- socio-economic status and, 63
- sources of information, 62–3
- therapeutic responses
 assessment, 73
 brief interventions, 74
 CBT and PIT, 74
 intensive and longer-term
 therapies, 74
- safety plan, 75
- safety planning, 74
- supported self-management
 and the internet, 71
- talking therapies, 73
- UK statistics, 63
- see also* suicidality and self-
 harm
- self-regulation, common-sense
 model, 50–2
- severity of mental health
 problem, as triage
 criteria for CL services, 2
- social aspects of CLP, 288–98
- the concept, 288
- assessing the patient's social
 situation *see* social
 history of the patient
- social history of the patient
 liaison psychiatrist's role,
 290–1
- place of in an assessment,
 288–90
- questions to ask, 291–6
 regarding debt, 292–3
 regarding employment,
 294–5
 regarding housing, 293, 294
 regarding social isolation,
 295–6

- social history (cont.)
 sources of information, 297
 using the information, 297–8
- social support, relationship
 to health outcomes, 53
- somatic disorders, functional 105
see also functional
 somatic
 symptoms (FSS),
 somatic symptom disorder, 103
- somatic syndromes,
 functional, 104
- specialist clinics, evaluation of
 CLP services, 352
- SPIKES framework for
 teaching and assessing
 communication
 skills, 306
- standard-setting 391
 CQC hospital inspection
 programme, 390
 measures of a good LP
 service, 389
- Psychiatric Liaison
 Accreditation Network,
 391–9
- Treat As One report (National
 Confidential Enquiry
 into Patient and
 Outcome and Death),
 390
- see also* PLAN standards
- stigma
 depression and, 80
 liaison nurse's role in
 breaking, 34, 36
- stimulants, misuse of, 152–3
- Strathdee, Geraldine, 404
- stroke, 34, 43, 44, 57, 58, 84–5,
 88, 100, 103, 189, 191,
 192–5, 328
 benefits of outcome
 measurement, 328
 post-stroke anxiety, 194
 post-stroke depression, 193–4
 assessment, 193
 predictors, 193
 treatment, 194
 post-stroke mania, 194
 post-stroke psychosis, 195
- substance misuse, 134–56
 addictions assessment, 134–6
 benzodiazepines,
 142–4
 cannabis, 150–2
 cocaine, 147–9
 considerations for, 156
 DVLA restrictions, 156
 examples of patient
 presentations in
 a liaison setting, 136–9
 GBL/GHB, 144–7
 heroin (diamorphine), 137–42
 ketamine, 153–5
 liaison mental health nursing
 and, 38
 nitrous oxide, 155–6
 novel psychoactive
 substances, 152
 occupational restrictions, 156
 relationship with self-harm, 64
 stimulants, 152–3
*see also under individual
 substances*
- suicidality and self-harm
 and referral to CL team, 4
 assessing risk in the ED,
 379, 392
 Australian/New Zealand
 perspective, 421
 education of hospital staff in
 risk assessment, 305–6
 Indigenous populations, 420
 Kerrie Wooltorton case, 284–5
- suicide
 capacity to end one's own life,
 284–5
 increased risk in perinatal
 period, 39, 210, 227
 physical illness and risk of in
 older adults, 83, 84–5
 prevention role of liaison
 staff, 347
 relationship with self-harm, 64
 support workers, in
 management of FSS, 366
- suspected head injury,
 intoxication and, 122
- 'This Is Me' (Alzheimer's
 Society), 38
- TIDieR (Template for
 Intervention
 Description and
 Replication), 330
- training 383
 ED staff, 383
see also education of hospital
 staff
- training pathways
 CLP curriculum structure, 20
 Foundation Programme, 19
- framework for post-CCT
 credentials in CLP, 20
 from graduation to consultant
 psychiatrist,
 19–20
- international examples, 26
 Australia and New
 Zealand, 27–9
 Canada, 27
 USA, 27
- mapping curriculum
 objectives to workplace
 assessments, 24
 "must see" cases, 26
 personal development plan
 (PDP), 22
 construction, 22
 evidence collection,
 23–6
 placement, 20
- Treat As One report (National
 Confidential Enquiry
 into Patient and
 Outcome and
 Death), 390
- treatment adherence, social
 support associated
 with, 53
- triage in the ED, through a LP
 lens, 373
- UK Psychiatric Liaison
 Accreditation Network
 standards *see also under*
 PLAN standards,
- UN Convention on the Rights
 of Persons with
 Disabilities
 (CRPD), 271
- violence, emergency
 department reduction
 strategies, 185–6
- Wernicke's encephalopathy,
 123, 129–30
- Whipple's disease, 190
- WHO (World Health
 Organization),
 definition of self-
 harm, 61
- Wooltorton, Kerrie,
 284–5
- 'Z-drugs', prescribing in
 pregnancy, 226