Consultation-liaison psychiatry in Portugal
Lessons from the past, challenges for the future

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Outline

• Development of CL Psychiatry in Portugal
• 2017 Survey on general hospital CL services
• What have we learned from the past?
  o Main factors contributing to CL development
  o Main barriers to CL implementation
• Challenges for CL
CL psychiatry development in Portugal

• Consultation-Liaison (CL) Psychiatry started in Portugal, in the 1950s, following the creation of the first academic general hospitals that included departments of psychiatry. Its development can be roughly summarised in three phases.
The first phase, from the 50s to the early 80s

• Development of isolated experiences carried out in general hospitals mainly by psychiatrists.

• **Department of Psychiatry, Hospital Santa Maria**
  • Referrals for psychiatric care from the medical wards
  • On call list of psychiatrists, during work hours
  • Frequent complaints about this model
  • Clear limitations and insufficiencies of this model
  • Planning of a CL unit – Graça Cardoso, João França de Sousa, and António Barbosa (1987)
Hospital Santa Maria’s CL unit, 1987

• First Portuguese CL team: 2 FT psychiatrists, 2 FT residents in Psychiatry, and part-time administrative support

• A 3-month mandatory internship for the residents in Psychiatry of the department

• Assignment of specific medical wards to each psychiatrist

• Registration (logbook) and follow-up of the referrals

• Everyday supervision of the cases with the residents

• Weekly meetings to review the cases and to promote training of the residents
Second phase, between the 80s and the 90s

- Associated with the transition of mental health care from the psychiatric hospitals to the general hospitals.

- CL Psychiatry, as a specific field of clinical psychiatry, was developed after some charismatic CL units were created, providing training and research.

- A survey in 1990s showed that 80% of the departments of psychiatry provided some type of CL care, but mostly only by the psychiatrist on duty.
The role of the European CL Studies

• The European Consultation Liaison Workgroup Collaborative Study (ECLW-CS), including 56 hospitals in 13 countries, supported by a EU Grant (1991-93) – Frits Huyse (PI)

• The Risk-Factor Study (1994-96) - Frits Huyse (PI) and

• The Quality Management in CL and Psychosomastics Study (Biomed1 studies)(1994-96) – Thomas Herzog (PI)

• Were determinant in putting together the mental health professionals working in the field, and improving the clinical practice, as well as in the spread of knowledge and stirring of enthusiasm in CL.
The European Association for CL Psychiatry and Psychosomatics (EACLPP)

- First meeting in Manchester, 1998
- Registration in 2000, Zaragosa
- Antonio Lobo was the first president
- Changed its name to European Association of Psychosomatic Medicine in 2012
Third phase, from the late 90s on

- Increasing number of the general hospitals including a CL team or at least some organised CL service provision.
- Training and research in CL became frequent
- Articulation between mental health teams, particularly those working in the community, and primary health care centres.
- Creation of several societies
  - Portuguese Psychosomatic Society (1993)
  - Portuguese Liaison Psychiatry Association (APPL) (1995)
  - Consultation and Liaison Psychiatry Association - Porto (late 90s)
Moving from Hospital Santa Maria to H. Fernando Fonseca

• Liaison psychiatrist to the cardiology and cardiac surgery wards, and the Intensive care unit (1984-1996) in Hospital Santa Maria

• In 1995, I was invited to become the director of the psychiatric department in a new general hospital outside Lisbon – Hospital Fernando Fonseca

• Proposal to implement a new model of intervention in mental health
Meetings and publications

• The professionals participating in the European studies would meet regularly, to present cases and discuss problems of services organisation.

• Conferences were regularly carried out, among which:
  • First Anglo-Portuguese CL Meeting, Lisbon – 1996
  • First Portuguese Association of CL Psychiatry Conference – 1997
  • Joint meeting of the Portuguese Psychosomatic Society and the APPL, 2001 (Figueira da Foz), and
  • Jointly organized the European Conference in Psychosomatic Research, 2002 (Lisbon).
  • EACLPP Meeting, Lisbon – 2002

• Publications
Depression and anxiety symptoms following cancer diagnosis: a cross-sectional study

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ABSTRACT
Introduction: The aims of the present study were to assess demographic and clinical characteristics of patients after receiving a cancer diagnosis, and to determine possible risk factors for anxiety and depression. Methods: All consecutive patients aged 18 or above, were assessed before starting intravenous chemotherapy for the first time with the Hospital Anxiety and Depression Scale (HADS), the Distress Thermometer, and a Visual Analog Scale for pain. Demographic and clinical data were also collected. Results: The patients assessed...
The economic crisis

• Impact of the economic crisis and of austerity measures in health services (2010-2015):
  o Significant reduction of staff due to cuts
  o Longer working hours
  o Migration of psychiatrists and nurses
  o Little support to attend conferences
  o Difficulty in getting research funding
Departments contacted by letter:  
n=32

Response rate, n=22  
(68.8%)

Region response rate:

- North – 1/5
- Porto Area – 4/4
- Center – 4/7
- Lisbon Area – 9/11
- Alentejo – 2/3
- Algarve – 2/2

Covering Portugal’s mainland territory
## General characteristics of CL services

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services for inpatients</td>
<td>22 (100%)</td>
</tr>
<tr>
<td>Services for outpatients</td>
<td>19 (86.4%)</td>
</tr>
<tr>
<td>Use of a referral form</td>
<td>14 (63.6%)</td>
</tr>
<tr>
<td>Availability schedule</td>
<td></td>
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<tr>
<td>9.00-16.00</td>
<td>16 (72.7%)</td>
</tr>
<tr>
<td>Less hours</td>
<td>2 (9.1%)</td>
</tr>
<tr>
<td>Psychiatrist on-duty</td>
<td>4 (18.2%)</td>
</tr>
<tr>
<td>Medical and surgical wards covered by CL</td>
<td>All – 19 (86.4%)</td>
</tr>
</tbody>
</table>
Staffing of CL units, n=22

<table>
<thead>
<tr>
<th>Professionals</th>
<th>Part-Time, n (%)</th>
<th>Full-Time, n (%)</th>
<th>None, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>18 (81.8)</td>
<td>11 (50.0)</td>
<td>0</td>
</tr>
<tr>
<td>Nurses</td>
<td>5 (22.7)</td>
<td>0</td>
<td>17 (77.3)</td>
</tr>
<tr>
<td>Psychologists</td>
<td>11 (50.0)</td>
<td>8 (36.4)</td>
<td>5 (22.7)</td>
</tr>
<tr>
<td>Administrative</td>
<td>8 (36.4)</td>
<td>2 (9.1)</td>
<td>10 (45.5)</td>
</tr>
<tr>
<td>Residents in Psychiatry</td>
<td>9 (40.9)</td>
<td>6 (27.3)</td>
<td>7 (31.8)</td>
</tr>
</tbody>
</table>
Meetings and training, n=22

• Regular meetings to discuss CL clinical cases - 14 (63.6%)

• Training in CL for residents – 15 (68.2%)

• Presentations/publications last 5 years – 14 (63.6%)
Main factors promoting CL in Portugal

• Expansion of mental health care in the general hospitals (the new mental health law, 1999)

• Success of a few multi-professional CL teams functioning as role-models

• International collaboration

• Mandatory 3-month internship for all residents in Psychiatry (Portuguese Medical Association, 1999) – result of APPL lobbying
Barriers to CL development in Portugal

- Insufficient human resources preventing creation of full time CL teams
- Lack of recognition of the importance of CL by health decision makers and the Medical Association
- Lack of official acknowledgement of standards of care in CL
- Heterogeneity of experiences and activities within CL
- Dispersion - too many associations on CL and Psychosomatics
Barriers to CL training in Portugal

• Internships limited to the CL units with a permanent staff and organized ways of referral and follow-up

• Heavy burden to the staff of these units

• In spite of the mandatory 3-month CL internship, there are still not enough good training centres

➢ Post-Graduation Course in CL and Psychosomastics (APPL and Nova Medical School, 2014) – great success – to be repeated
Current challenges to CL

• The change in paradigm of health services
• The shortening of hospital length of stay
• The increasing number of complex cases in the general hospital
• The need of an integrated response to chronic disease

Jindall, Jennings, 2010
Change in paradigm of health services

- Reactive and episodic care → Continued and proactive care
- Disease-centred care → Quality of life and well-being centred care
- Hospital-based care → Home and community-based care
- Clinical experience-based care → Evidence-based personalized care
- Care to passive patients → Collaborative care with participative patients
Specific Challenges in the general hospital

• Inpatient stay much shorter, with the need for prompt answer and management of the referrals

• Early planning

• Inpatients’ increased complexity calls for well trained professionals and greater medical/psychiatric collaboration

• Multidisciplinary teams, including nurses, able to provide diverse approaches, should be the norm

• Need for referral to and follow-up in outpatient services (primary care, specialized care)
The need for a public health, integrated response to chronic diseases

• The challenges created by chronic diseases to health services involve incorporating
  • An integrated model of care
  • Coordinated care
  • Collaborative services and interventions

• The collaborative care model, has shown to be effective in improving patients outcomes. This is the best example of an integrated response particularly using a stepped care intervention.

• The question is how to make it work in a large number of centers/services.
Final remarks

• Implementation of effective interventions such as collaborative care interventions at primary care and hospital level in a more extensive way

• Health Information Technologies as important tools

• High potential of international collaboration
Take home message

• Nowadays, we will have to reinvent new ways of a European collaboration in CL and Psychosomatic Medicine, in parallel with the need to reinvent new ways of collaborating in Europe.
Thank you for your attention

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