Consultation-Liaison Psychiatry in the 21st Century!

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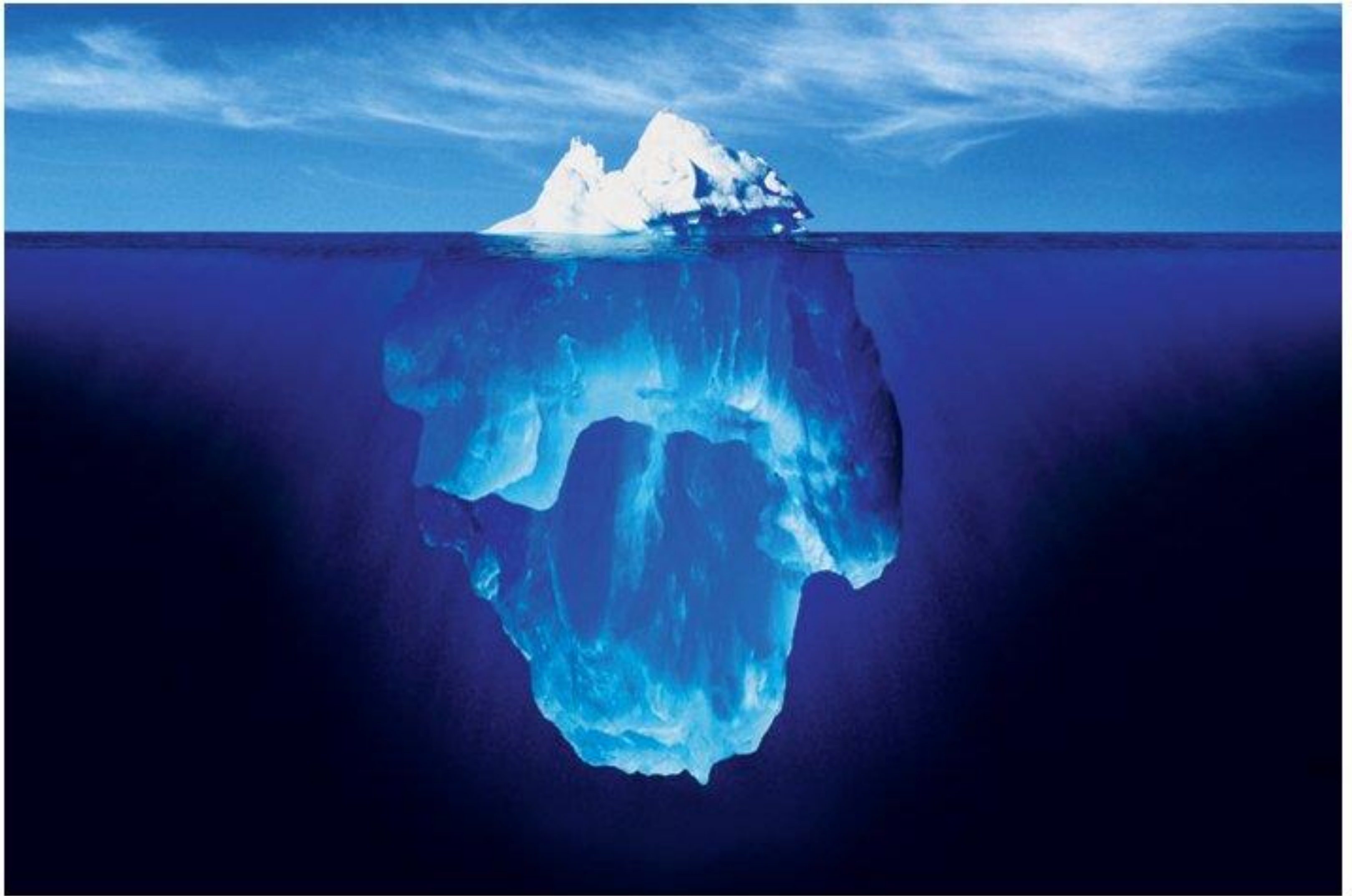


Huh? 21st century…. Why?

- The clinical work doesn't change a lot
- The way we work changes constantly
- Trend towards specialisation – for psychiatrists that means more tertiary work, less primary. More supervision, less face-to-face.

What's so great about CL?

- Medicine is a huge luxury liner at sea, psychiatry is a little row boat. C-L has a seat on the liner.
- It's hugely flexible – clinical, teaching, research, admin, part/full time, biological/psychological/social, etc etc.
- It's now even developing in private.
- It's the best training for a range of things, especially private practice, and the evolving consultation models of care.
- Public has lots of fringe benefits (ongoing training, superannuation, leave, CME, conf money etc)
- It's endlessly fascinating & challenging.

What are the con's?

- It's relatively hard to get work
- Working in public isn't for everyone
  - Politics, slightly less pay, things can go bad that are out of your control (budget cuts), lots of strong personalities.
  - You're not your own boss
- It can be relatively superficial at times – lots of assessments, not much treatment.

Are there core CL skills?

- Hmmm, hard question!
- Good clinician – same for everyone
- Flexible – tolerate change/uncertainty each day – workload is out of your control so you might have one patient with one hour to spend, or five with one hour – adapt quickly to the situations.
- The three As – Availability, Affability & Ability (in THAT order).

What do C-L Psychs do?

- Clinical work! Delirium, depression, anxiety, ODs etc
- “Psych pts” in the hospital
- Somatoform disorders
- Consent, competence & ethical issues
- Behaviour probs that make care difficult e.g. agitation, personality issues.
- Teach – registrars, other docs, other staff
- Problem solve! Disputes, communication breakdowns….

How do we work?

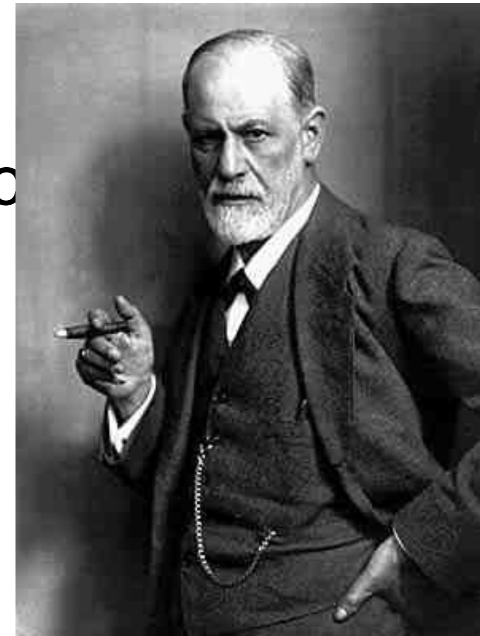
- Consultation- daily rounds, referrals etc
- Liaison-part of other units, therefore depends on the units activities etc
- Meetings
- PR - Representing psychiatry & mental health at the hospital – the “shop front” of psychiatry.

Psychiatry as a science

- It's not great, but it's all we have
- Psychiatry is an uncertain science
- All science is uncertain, after all it is the empirical process of predicting the future based on the observation of past events
- Uncertainty principle
- Human behaviour is fickle

Why have YOU chosen psychiatry?

- What do you want form your career?
- Clinician, teacher, academic, researcher, administrator?
- $$$?
- EVERYTHING is built on the foundation of being a good clinic



Working in the real world

1. Getting a job
2. Keeping a job
3. Being promoted

Getting a job

- Ear to the ground & lots of emails
- Foot in the door
- Re-do your training
- Polymath or monomath?

Keeping a job

- Be flexible
- Work hard or at least consistently
- Be patient
- Do research (KISS)
- Teach
- Cover
- Go to functions & become part of the ‘life’ of the hospital

Being promoted

- As per previous slide
- Time – be patient!
- Search for opportunities and even create them
- Make your job better
- Weigh the benefits of moving & change against the benefits of longevity in one place. Both have advantages.

Staying Sane

- Use you leave
- Work part time
- Go to good conferences
- Learn to tolerate change and politics
- Make friends at work
- Find things you enjoy at work
- Have a rich life outside work
- Don’t make money one of your personal goals!

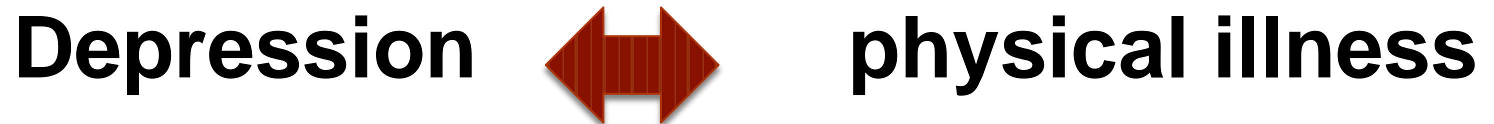
Keeping up to date

- Respect true evidence as there isn't much to go around.
- Read up-to-date
- Look at guidelines – but don't be slavish
- Conference common sense – Type 1 & 2 errors, new & old.
- Go to medical meetings as much as possible
- Carry good technology so you can read on the run
- Teach
- Give lots of talks, presentations

etc "never say No"

Big Challenge

- Mental Illness or systemic illness?
- How do we overcome the mind-body split?



- E.g. Heart disease, diabetes etc
- So, if these are systemic illness, do we teach differently?
- Do we use different models?

(Strain & Blumenfield, 2008)

Another Challenge….

- Incorporating evaluative research
  - Limited funds
  - Limited time
  - Limited research skills
  - Limited respect for research from funders
- Should we focus more on PR/marketing?

Alternative models

- Consultation
- Liaison
- Combo – train physicians in psychiatry, and vice versa?
  - train other clinicians (nurses) to do primary assessments
- Future – more non-psychiatrists doing the face-face clinical work

Will there always be work in C-L?

- Without a doubt!

- Increase awareness of the systemic nature of mental illness
- Increased awareness of mental illness (BB, Black Dog etc)
- Increased push for specialists to be supervisors whilst nurses/generalists do the bulk of the primary work

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