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Reading About . . .

Liaison Psychiatry

The two previous papers with similar titles in this series (Lipowski, 1979; Mayou, 1983) reported a developing interest in and knowledge of consultation and liaison (increasingly termed 'CL') psychiatry, but commented on the lack of standard texts and on the major gaps in our knowledge of our patients' problems and of the best ways to treat them. In the last few years, liaison psychiatry (consultation and liaison on medical and surgical wards) has become firmly established. Even so, psychiatrists often continue to feel misunderstood by their general-hospital colleagues, and many physicians and surgeons remain mystified about what we have to offer. It remains evident that most research on epidemiology and treatment is much less sophisticated than equivalent research within specialist psychiatry and in the psychiatric aspects of primary care.

Several recent books and papers have discussed the issues, but there is still no completely satisfactory general text. The best is the most recent one by Stoudemire & Fogel (1987). Well edited and well referenced, the 33 chapters by 50 authors (all from the United States) describe general principles, ten disease categories and medical-psychiatry units. However, to the European reader it is, like almost all other writings on liaison psychiatry, notably parochial: chapters on attempted suicide, psychological consequences of cancer and other areas of special interest to European research workers, contain hardly a single reference to non-American authors.

The most important and most clinically and academically useful book to be published in the last few years is the substantial *Handbook of Psychooncology* by Holland & Rowland (1989). This must become an essential reference work.

It is still unclear how consultation and liaison is best organised. All discussions of services are restricted by national and even local assumptions about funding and patterns of health care. Most of the recent discussion and argument about the organisation of services has been published in the journal *General Hospital Psychiatry,* and has been concerned with health-care systems (usually in North America) very different to those in Britain. Indeed, the title of Stoudemire & Fogel's book *Medical Psychiatry* (1987) is chosen to demonstrate their belief that liaison psychiatry in the United States is being superseded by a new discipline in which psychiatrists take greater responsibility for medical care. It is difficult to know how best to adapt such ideas to British circumstances, especially as there is an inevitable bias in the literature towards reports from exceptional and well staffed units (Wallen *et al*, 1987).

It is encouraging that there is, at last, not only a willingness to take a wider and more critical view of liaison, but also well planned research on the use of standardised methods of record keeping (Hengeveld *et al*, 1988), on treatment, and on the evaluation of services. However, there is still a lack of accounts of how to practise consultation and liaison psychiatry. A recent introductory book on the more general theme of interprofessional consultation (Steinberg, 1989) is an indication of what we need.

The need to write for both medical and psychiatric audiences means that accounts of research on consultation and liaison psychiatry are too widely dispersed in different journals (general, psychiatric and psychological) for any one reader to keep up to date. It is encouraging to see increasing numbers of liaison papers in general psychiatric journals, but there is still a need for more good review papers in both general-medical and psychiatric journals. It is to be hoped that recent and increasing links between national liaison psychiatry groups in Britain, other European countries and North America will persuade our current journals to become more international in their outlook, editorial policies and content.

Among the more specialised psychiatric journals, the only British journal, the *Journal of Psychosomatic Research,* has maintained its academic influence while *General Hospital Psychiatry* has steadily improved and is now the leading clinical journal. *Psychosomatics* last year underwent an editorial revolution so that it now contains more substantial papers which are handsomely printed. It is probably now required reading. *Psychosomatic Medicine* (often insufficiently clinical and excessively technical) and the erratic *International Journal of Psychiatry and*

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Medicine are sometimes interesting. British readers should persuade their libraries to take these journals.

Any selection of papers and books on particular subjects is idiosyncratic, reflecting recent interests and reading. I have been especially interested in three topics: early accounts of psychiatrists working in British general hospitals; the developing literature on functional somatic symptoms and their treatment; and the general concept of what is a psychiatric problem in the general hospital.

History

Liaison psychiatrists are often pessimistic about the slow development of their subject, but a historical perspective is reassuring about the pace and extent of recent progress. Lipowski's selected papers (1985) show this, both by reviewing the early history of liaison in North America and by being, in themselves, documentary evidence of developments in the last 25 years. Furthermore, I am impressed by the early accounts of the birth (or, since Guy's Hospital ward for lunatics opened in 1728, the rebirth) of general hospital psychiatry in Britain and of the management of psychological problems in medical wards. Examples of such accounts include recent reviews of 19th- and early-20th-century views of syndromes such as chest pain (Howell, 1985), nervous disorders (Bynum, 1985) and shell-shock (Stone, 1985). In the early years of this century (as described by Sir David Henderson (1964) in his memoirs), few psychiatrists had any place in general hospitals and 'nervous' patients were mainly treated by neurologists. Blacker's (1946) classic monograph describes a meticulous wartime survey of the care of neurosis and provides a detailed account of how, by the beginning of World War II, general hospital specialists in psychological medicine had made major contributions to out-patient care and to teaching. Pre-war and post-war arguments and changes have been usefully, if tendentiously, described by Baruch & Treacher (1976). Rollin (1989) has recently, and much more entertainingly, described how, as a newly appointed consultant at the beginning of the Health Service, he established out-patient clinics in general hospitals and began to consult informally on their wards.

Functional somatic symptoms

We have been slow to demonstrate what we have to offer for the difficult but rewarding group of patients with functional somatic symptoms (somatisation, hypochondriacal) who attend general-hospital out-patient clinics or who are admitted for investigation (Kellner, 1986, 1987). There is now a more sophisticated view of aetiology, and recent research and clinical evidence have shown that psychiatry and psychology may have much to offer. There have been a number of general reviews as well as reviews on particular symptoms such as chest pain (Mayou, 1989*a*), chronic pain (Benjamin, 1989), bowel symptoms (Creed, 1987), chronic fatigue (David *et al*, 1988), headache (Fitzpatrick & Hopkins, 1988) and pre-menstrual syndrome (Gath & Iles, 1988). In particular, cognitive and behavioural treatments have been shown to have important benefits for a variety of somatic symptoms (Hawton *et al*, 1989; Smith *et al*, 1986). Recent research on treatment of anxiety and panic has great potential for psychiatry in the general hospital.

What is a psychiatric problem?

Many psychiatrists have attempted to apply concepts and definitions well established in specialist psychiatry to the general hospital (see Henderson (1988) for an excellent review of psychiatric epidemiology). However, it is increasingly apparent that, as in primary care, we need to develop concepts and definitions that are more appropriate to medical populations (Derogatis & Wise, 1989). House (1988), in a stimulating review, has pointed to these issues and their consequences for screening and measurement. There is a need for much more research to identify how behavioural, as well as psychological, problems might benefit from psychiatric intervention. The concept of illness behaviour is helpful (Pilowsky, 1989) but needs more rigorous application (Mayou, 1989*b*). In considering the application of these ideas, we need to consider what the special role of psychiatrists is, what is best done by other specialists, such as psychologists and social workers, and what should be done by hospital doctors and general practitioners.

Conclusion

Reading about liaison psychiatry remains frustrating. Material is widely dispersed and clinical enthusiasm has outstripped research. Advances in management of emotional and behavioural disorders within specialist psychiatric settings hold enormous promise for patients presenting to the general hospital. This promise will transform our view about the nature of problems that may benefit from psychiatric or psychological intervention. We need the books, the papers and, above all, the research to convey to psychiatrists and to general-hospital doctors what this will mean in reality.

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References

BARUCH, G. & TREACHER, A. (1976) *Psychiatry Observed*. London: Routledge & Kegan Paul.

BENJAMIN, S. (1989) Psychological treatment of chronic pain: a selective review. *Journal of Psychosomatic Research*, **33**, 121–132.

BLACKER, C. P. (1946) *Neurosis and the Mental Health Service*. London: Oxford University Press.

BYNUM, W. F. (1985) The nervous patient in eighteenth and nineteenth century Britain: the psychiatric origins of British neurology. In *The Anatomy of Madness, Vol. 1: People and Ideas* (Eds W. F. Bynum, R. Porter & M. Shepherd). London: Tavistock.

CREED, F. & GUTHRIE, E. (1987). Psychological factors in the irritable bowel syndrome. *Gut*, **28**, 1307–1318.

DAVID, A. S., WESSELY, S. & PELOSI, A. J. (1988) Postviral fatigue: time for a new approach. *British Medical Journal*, **296**, 696–698.

DEROGATIS, L. R. & WISE, J. N. (1989) *Anxiety and Depressive Disorder in the Medical Patient*. Washington, DC: APA.

FITZPATRICK, R. H. & HOPKINS, A. (1988) Illness behaviour and headache: the sociology of consultations for headaches. In *Headaches. Problems in Diagnosis and Management* (ed. A. Hopkins). London: Saunders.

GATH, D. & ILES, S. (1988) Treating the pre-menstrual syndrome. *British Medical Journal*, **297**, 237–238.

HAWTON, K., SALKOVSKIS, P. M., KIRK, J., *et al* (1989) *Cognitive Behaviour Therapy for Psychiatric Problems*. Oxford: Oxford University Press.

HENDERSON, A. S. (1988) *An Introduction to Social Psychiatry*. Oxford: Oxford University Press.

HENDERSON, D. (1964) *The Evolution of Psychiatry in Scotland*. Edinburgh: E. & S. Livingstone.

HENGEVELD, M. W., HUYSE, F. J., MAST, R. C., *et al* (1988) A proposal for standardization of psychiatric consultation–liaison data. *General Hospital Psychiatry*, **10**, 410–422.

HOLLAND, J. C. & ROWLAND, J. H. (1989) *Handbook of Psychooncology. The Psychological Care of Patients with Cancer*. New York: Oxford University Press.

HOUSE, A. (1988) Invited review: mood disorders in the psychiatrically ill – problems of definition and measurement. *Journal of Psychosomatic Research*, **32**, 345–354.

HOWELL, J. D. (1985) "Soldiers Heart": the redefinitions of heart disease and specialty formation in early twentieth century Great Britain. *Medical history* (suppl 5), 34–52.

KELLNER, R. (1986) *Somatization and Hypochondriasis*. New York: Praeger Publishers.

—— (1987) Hypochondriasis and somatization. *Journal of the American Medical Association*, **258**, 2718–2722.

LIPOWSKI, Z. J. (1985) *Psychosomatic Medicine and Liaison Psychiatry. Selected Papers*. New York: Plenum.

—— (1979) Reading about Liaison Psychiatry. *British Journal of Psychiatry*, **134**, 532–533.

MAYOU, R. (1983) Reading about Liaison Psychiatry. *British Journal of Psychiatry*, **143**, 519–520.

—— (1989*a*) Invited review: atypical chest pain. *Journal of Psychosomatic Research*, **33**, 393–406.

—— (1989*b*) Illness behaviour and psychiatry. *General Hospital Psychiatry*, **11**, 307–312.

PILOWSKY, I. (1989) Illness behaviour and neuroses. *Current Opinion in Psychiatry*, **2**, 217–224.

ROLLIN, H. (1989) *Festina Lente. A Psychiatric Odyssey*. London: British Medical Journal.

SMITH, G. R., MONSON, R. A. & RAY, D. C. (1988) Patients with multiple unexplained symptoms: their characteristics, functional health and health care utilisation. *Archives of Internal Medicine*, **146**, 69–72.

STEINBERG, R. (1989) *Interprofessional Consultation*. Oxford: Blackwell.

STONE, M. (1985) Shellshock and the psychologists. In *The Anatomy of Madness, Vol. II: Institutions and Society* (Eds W. F. Bynum, K. Porter & M. Shepherd). London: Tavistock.

STOUDMIRE, A. & FOGEL, B. F. (1987) *Principles of Medical Psychiatry*. Orlando: Grune & Stratton.

WALLEN, J., PINCUS, H. A., GOLDMAN, H. H., *et al* (1987) Psychiatric consultations in short-term general hospitals. *Archives of General Psychiatry*, **44**, 163–168.

Richard Mayou, MA, MSc, MPhil, FRCP, FRCPsych, *Clinical Reader in Psychiatry, University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX*

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