

The Modena Consultation–Liaison Psychiatry Service, Italy

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The Reform Law 180, approved in Italy in 1978, had – and still has – great national and international significance for its dramatic consequences on both clinical and health organisational aspects of psychiatry: the law, in short, had the great effect of bringing psychiatry back to medicine, to the community and to the general hospital. This was the starting point of other relevant events, one of which was the establishment of the specialty of consultation–liaison psychiatry in Italy (Cazzullo *et al*, 1984). Since then, consultation–liaison psychiatry has gradually developed worldwide and in Italy as a super-specialised branch of psychiatry, able to put into practice – to operationalise – the great psychosomatic tradition in its three interrelated strands of clinical, teaching and research activities. The report that follows is strongly influenced by this historical background.

CLINICAL WORK PERFORMED

Founded in 1989, the Consultation–Liaison Psychiatry service of Modena University Hospital is one of the services of that hospital's psychiatric department, which also includes a psychiatric ward (for both voluntary and compulsorily admitted patients), a day hospital, an out-patient clinic and a rehabilitation unit. With its consultation–liaison activities and out-patient clinic, the Modena service now provides about 1200 first consultations a year, corresponding to around 3% of all patients admitted to non-psychiatric hospital departments in the same period – twice the European average of 1.4% (Huysse *et al*, 2001a; Table 1). The workforce comprises one full-time and one half-time consultation–liaison psychiatry consultants, four or five psychiatry residents, two consultant psychiatrists who are also PhD students and a clinical psychologist.

PREVIOUS RESEARCH

In the work previously addressed by the team, three main streams of research are

recognisable. The first is that originating from the intense involvement of the team in the three EU-funded multicentre projects and promoted by the European Consultation–Liaison Workgroup (ECLW) since the beginning of the 1990s (Herzog *et al*, 1995; Huysse *et al*, 1996, 2000a,b, 2001a; Lobo *et al*, 1996; Malt *et al*, 1996). Further national projects sprang from that experience (Gala *et al*, 1999; Grassi *et al*, 2000). This involvement had numerous direct and indirect outcomes, particularly the increasing improvement in clinical and organisational standards: for example, the regular use of structured forms for psychiatric referral and back-referral, and of computerised databases, and better definitions of procedures of intervention, specifically for common or critical clinical situations, such as delirium and self-harm. The obvious next step was the involvement in quality assurance work: from 1994 to 1997, the team

took part in a multi-centre quality assurance study (Herzog *et al*, 1995); meanwhile, work began on the accreditation–certification scheme, culminating in International Organization for Standardization ISO 9000 certification of the whole University of Modena psychiatry department in 2002.

A further emanation of the initial ECLW projects is the development of INTERMED, a screening instrument designed to predict complexity of care, acknowledged as the operationalisation of the Engel biopsychosocial paradigm (de Jonge *et al*, 2001; Huysse *et al*, 2001b).

A second research stream is that dealing with organisational issues in consultation–liaison psychiatry. Two examples are an analysis of what happens to patients referred to a consultation–liaison service following their discharge from hospital (Rigatelli *et al*, 2001), and a description of the teaching programme promoted by the consultation–liaison psychiatry service in Modena University Hospital (Rigatelli *et al*, 2000).

The third is less epidemiological and more speculative in nature, involving collaboration with specialists from other medical disciplines. These projects address the 'boundaries of medicine' – syndromes of difficult biological definition such as vertigo (Monzani *et al*, 2001), obstetric and gynaecological or andrological disorders (Pescatori *et al*, 2000; Rigatelli *et al*

Table 1 Modena University Hospital Consultation–Liaison Psychiatry Service: activity data

Year	Days of activity	Beds <i>n</i>	First consultations <i>n</i>	Consultations/admissions (%)	Out-patient consultations <i>n</i>	(%) Concordance of time of request/consultation
1989	232	–	507	1.48	77	–
1990	215	–	467	1.35	86	–
1991	245	–	589	1.6	28	–
1992	243	–	695	1.88	9	–
1993	233	993	756	2.06	47	–
1994	252	1018	878	2.23	74	–
1995	250	1025	771	2.14	123	–
1996	262	911	814	2.25	127	100
1997	247	891	847	2.29	115	100
1998	255	891	949	2.8	98	100
1999	255	892	868	2.34	410	100
2000	251	921	935	2.11	845	100
2001	253	928	1247	2.52	677	100
2002	250	890	1136	3.66	719	100
2003 ¹			855			

1. Data to August 2003.

al, 2002) and, previously, ulcerative colitis (Rigatelli, 1981).

NEW INITIATIVES

Work is in progress in all of the three areas described above. As a contribution to the operationalisation of psychosomatic constructs, a recent study on interrater reliability of the Diagnostic Criteria for use in Psychosomatic Research, first conceived by Fava *et al* (1995), is shortly to be published in *Psychosomatics* (Galeazzi *et al*, 2004).

The Modena Consultation–Liaison Psychiatry service is one of thirty centres involved in the second national multicentre inquiry into consultation–liaison psychiatry activity in Italy, recently conducted by the Società Italiana di Psichiatria di Consultazione (Italian Society of Consultation Psychiatry; www.sipc.it), which collected data on more than 10 000 patients referred to a consultation–liaison psychiatry service. In another analysis of service management and organisation, the team has conducted a study on levels of satisfaction among the Modena University Hospital ward physicians, surgeons and head nurses about the quality of consultation–liaison activities.

Increasing interest is being focused on consultation–liaison psychiatry in the setting of primary care or general medicine outside the hospital. This is still a pioneer field in Italy. A study is in progress to characterise features of frequent attenders at primary care clinics, and possibly to identify higher rates of psychic distress in these patients compared with normal attenders.

The recent opening of an active transplant unit at Modena University Hospital and the consequent increase in psychiatric referrals, both arising from pre-transplant assessment procedures and after surgery, were the stimulus to initiating research in this area, including psychopathological

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evaluation, evaluation of psychosocial and familial variables, and investigation of adaptive and compliance abilities.

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