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Changing Mentalities in General Hospital Mental Health Care – Arguments From Reality Based Liaison Psychiatry Data, Romanian Experience

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Introduction: Our Department of Liaison Psychiatry from County Emergency Clinical Hospital Timisoara is providing psychiatric services since 2002, seeking to fully integrate psychiatric care in the routine management of patients with co-morbid somatic and psychiatric conditions.

Objectives: To provide a comparison analysis of inpatient referral in May 2014 vs. a yearly comparator with 2003, and 2012 data, by hospital department and identified psychiatric pathology.

Aims: To determine if a professional mental health care intervention in general hospital provides evidences for changing mentalities over 10 years (2003/2012) vs. 2014.

Methods : We conducted a retrospective analysis of the inpatients evaluated in our department in 2003, 2012, respective May 2014.

Results: Hospitalized patients distribution referred for liaison psychiatry consultation were the following (2003/2012/2014): Cardiology: 12.9/22.8/18.5%, Neurology: 9.8/16/19.3%, Diabetes and Nutrition: 13.8/14.7/15%, Endocrinology: 12.6/9.2/4%, Gastroenterology: 19/7/9%, Emergency Care Unit: 4.5/4.5/0.7%, Nephrology: 6.8/3.7/3.5%, Intensive care and toxicology: 4.7/2.6/5%, General Surgery: 5.5/2.6/3%, Orthopedics: 4/4.3/10%, Vascular Surgery: 3.8/4.3% in 2012/2014, Polytraumatology, plastic surgery and burns: 2.5/5.3/3.5%, Neurosurgery: 0.6/1.3/2%, Dialysis: 2/0.9/0.7%, Urology: 0.7/0.9/1.4%. Diagnosed psychiatric pathology had the following distribution (2003/2012/2014): dementia: 6.4/16.2/20.71%, organic delirium: 2.3/6.5/4.3%, other organic disorders: 15.4/4.8/5.7%, alcoholism: 7.5/5.8/5%, endogenous psychoses: 3.6/4.8/0.7%, mood disorders: 20/12/19.3%, anxiety disorders: 20/11.2/24.3%, adjustment/stress reactions: 12.8/8/12%, somatoform/conversion disorders: 2.6/8/5%, personality disorders: 0.3/3.6/1.4%, mental retardation 0.4/4/1.4%.

Conclusions: A significant growth in referral for psychiatric care was observed, especially in cardiology, neurology, surgical areas (where pain requires a complex control), and the integrated and collaborative care became a rule in our hospital both in emergency and complex care for chronic conditions.