4.2 Consultation Liaison Psychiatry

Patients with mental health disorders and experiencing pain may face challenges above and beyond others suffering with chronic pain. These patients may have difficulty accessing and engaging in appropriate care. The specialist pain medicine physician (SPMP) needs a sound understanding of the interrelationship between personality factors, psychological syndromes, psychiatric disorders and the experience of pain. They also require the skills to provide brief psychotherapy and manage psychiatric emergencies in the pain setting.	
By the end of training, a trainee will be able to:	
Background	
4.2.1	Outline the nature and extent of psychiatric morbidity commonly encountered in clinical pain populations.
4.2.2	Demonstrate a sophisticated understanding of the sociopsychobiomedical framework for clinical pain disorders
4.2.3	Critically discuss the concept of 'abnormal illness behaviour'.
4.2.4	Describe the core symptoms and course of a range of psychological syndromes and psychiatric disorders, including but not limited to: • Depressive disorders • Anxiety disorders • Trauma and Stressor Related disorders • Schizophrenia Spectrum & Other Psychotic disorders • Personality disorders • Somatic symptom and related disorders • Neurocognitive Disorders, including delirium and dementia
4.2.5	Outline the influence of personality factors on the experience of illness and pain.
4.2.6	Explain the psychological and psychiatric effects of medical and surgical treatments, medications and toxins as they apply to pain medicine.
4.2.7	Describe common drug toxicity syndrome including serotonin syndrome and neuroleptic malignant syndrome
4.2.8	Discuss relevant jurisdictional legislation relating to mental health, guardianship/substitute consent and child safety legislation
Assessment	
4.2.9	Perform a psychiatric evaluation of patients with pain

4.2.10	Undertake a risk assessment (risk to self, others, vulnerability risks) in in-patient and out-patient settings.
4.2.11	Identify factors that may lead to refusal of treatment, determine capacity to refuse treatment, and implement strategies to help patients make choices that are in their best interests.
4.2.12	Discuss the impact of older person's mental health, including delirium and dementias, on pain presentation. Undertake a risk assessment (risk to self, others, vulnerability risks) in medical, surgical and obstetric wards.
4.2.13	Differentiate among depressive syndromes and disorders such as major depression, adjustment disorder, demoralisation, grief and bereavement and recognise each in the pain medicine setting.
4.2.14	Differentiate acute stress reactions and post-traumatic stress disorders and recognise each in the pain medicine setting.
4.2.15	Assess and safely manage patients with overwhelming distress, suicidality and extreme agitation.
4.2.16	Recognise the impact on staff of distressing situations, and the ability to evaluate the effect on staff behaviour and to modulate its effects where necessary
4.2.17	Recognise impact of childhood trauma on personality development, complex post trauma states, psychiatric morbidity and chronic pain states.
4.2.18	Outline the determinants of somatisation.
4.2.19	Assess and formulate somatic symptoms in terms of their impact on function and in relation to premorbid variables.
Management	
4.2.20	Describe the indications for and use of psychotropic medications in patients with pain
4.2.21	Discuss the use of psychotropic medication, including the impact of unwanted effects in the presence of other medications and in the context of pain medicine
4.2.22	Develop a management plan for patients with self-harm and suicidal ideation.
4.2.23	Apply a range of clinical interventions for patients, including crisis intervention, brief psychotherapy and psychopharmacotherapy.

4.2.24	Modify basic psychodynamic, cognitive behavioural and supportive psychotherapy in the presence of medical illness and pain, with special attention to cognitive limitations.
4.2.25	Identify and manage transference and countertransference issues that arise between patients with psychiatric disorders and/or interpersonal conflicts and their caregivers in pain medicine settings.