

EACLPP PAGES

## Consultation liaison psychiatry in Portugal

In Portugal, the initial step toward the development of consultation liaison psychiatry (CLP) services took place in the 1950s. The first general hospitals that included a psychiatric department were the newly built university hospitals in Lisbon, Oporto, and Coimbra. In the following years, several psychiatrists carried on individual experiences in the medical and surgical wards. Progressively, CLP services were extended to nonteaching general hospitals and smaller towns.

A survey conducted in 1989 by the Mental Health Direction of the Ministry of Health showed that 80% of the participating departments of psychiatry provided some type of CLP care [1]. Two thirds of the CLP services were, however, of a consultation model, and the referrals were mainly urgent. Only one third of the psychiatric departments provided more structured services to the medical and surgical departments, and the majority of CLP professionals worked part time in the field [1].

The pioneer experience of a CLP service with a permanent full-time team, which provided both consultation and liaison services to all the nonpsychiatric departments, took place in one of the teaching hospitals in Lisbon in 1987 [2]. It became mandatory for the residents of that psychiatric department to spend 3 months of training in CLP at the end of their residency.

The Portuguese National Health Service provides primary health care through a network of health centers covering the whole population and by working in close connection with the hospitals. This type of organization led to the development of CLP services at the primary care level, particularly in central, better-staffed psychiatric departments. The situation is, however, rather heterogeneous throughout the country.

Several doctoral theses in psychiatry with a psychosomatic perspective, published in the 1980s and 1990s, showed an increased interest in this area [3–5]. Simultaneously, research in CLP has been carried out in different settings: hemodialysis clinics [6,7], high blood pressure clinics [8], and coronary heart disease departments [9].

The participation of some Portuguese centers in the European Consultation Liaison Workgroup Collaborative

Study [10] made evident the need for a greater organization of the Portuguese CLP services. An informal group of CL psychiatrists working in Lisbon organized regular meetings and teaching seminars in the early 1990s, and the Portuguese Psychosomatic Society was created in 1993. This society's main objective is to promote knowledge in psychosomatic medicine. Along with psychiatrists and psychologists, it includes as members an important number of physicians from different specialities.

The Portuguese Liaison Psychiatry Association (APPL) saw the light in 1995 and brought together an important group of psychiatrists, nurses, and psychologists who were very active in the field. It was the first association aimed at promoting CLP training and services development. The APPL organized the First Anglo-Portuguese CLP meeting in 1996, and since then, national conferences, clinical sessions, and seminars were regularly promoted. The APPL and the Portuguese Psychosomatic Society had their first conjoint meeting in 2001 and jointly organized the European Conference in Psychosomatic Research in 2002.

The Consultation and Liaison Psychiatry Association, created in the late 1990s in Oporto, is particularly dedicated to stimulating collaboration between mental health services and primary care physicians.

In 1999, the Portuguese Medical Association declared mandatory a 3-month training in CLP during psychiatric residency. This fact was, undoubtedly, connected with the expansion of CLP services and with APPL's effort in pointing out the need for a specific training in CL psychiatry.

The current situation of CLP services in Portugal is characterized by the existence of a few organized and permanently staffed units in the large general hospitals in Lisbon, Amadora, Oporto, and Coimbra. These units provide the 3-month mandatory training in CLP for residents. However, there is no structured national curriculum for the resident's training. The recently presented European Guidelines for Training in CLP will, no doubt, be of great help in this subject.

More recent research in CLP includes the characterization of general hospital [11] and primary care psychiatric morbidity [12], as well as that of different departments'

referral profiles. Other studies assessed the impact of depression in health care costs and the effectiveness of a CLP intervention in coronary patients [11].

Two workgroups under the Mental Health Services Direction are currently developing general guidelines for CLP hospital and primary care services organization and intervention.

In conclusion, CLP has obtained in Portugal a formal status in the medical field, as well as a mandatory training for residents in psychiatry. As in other countries, Portuguese CLP can be proud of its past and is facing exciting challenges [13]. Next years' main tasks will be to establish and implement guidelines on training and services organization and intervention.

Graça Cardoso

*Department of Psychiatry  
Hospital Amadora/Sintra  
2720 Amadora, Portugal*

*E-mail address: gracacardoso@gmail.com*

## References

- [1] Cardoso G, Poole da Costa J. Consultation liaison psychiatry in the general hospitals. Results from a national survey, 1989 [Unpublished] [in Portuguese].
- [2] Cardoso G, Barbosa A, França de Sousa J. Consultation liaison psychiatry in the general hospital: new perspectives. *Acta Med Port* 1988;1:296–303.
- [3] Mota Cardoso RMA. Myocardial infarction, and individual risk factors. Doctoral thesis, Oporto Faculty of Medicine, Oporto, 1984 [in Portuguese].
- [4] Barbosa A. Psychosocial aspects of duodenal ulcer. Doctoral thesis, Lisbon Faculty of Medicine, Lisbon, 1989 [in Portuguese].
- [5] Paulino M. Psychosocial aspects of Crohn's disease. Doctoral thesis, Lisbon Faculty of Medicine, Lisbon, 1994 [in Portuguese].
- [6] Caldas de Almeida JM. Adaptation to hemodialysis: study of the influence of personality, family, socio-cultural, and therapeutic factors. Doctoral thesis, Faculty of Medical Sciences, Lisbon, 1985 [in Portuguese].
- [7] Lume J. Human behavior in an artificial life condition, a study on hemodialysis. Doctoral thesis, Oporto Faculty of Medicine, Oporto, 1986 [in Portuguese].
- [8] Coelho R. High blood pressure. A psychosomatic approach of an integrated model of disregulation. Doctoral thesis, Oporto Faculty of Medicine, Oporto, 1990 [in Portuguese].
- [9] Machado Nunes JM. Psychosocial aspects of ischaemic heart disease. Doctoral thesis, Faculty of Medical Sciences, Lisbon, 1988 [in Portuguese].
- [10] Huyse FJ, Herzog T, Malt UF, Lobo A. The European Consultation–Liaison Workgroup (ECLW) Collaborative Study. I. General outline. *Gen Hosp Psychiatry* 1996;18:44–55.
- [11] Cardoso G. Effectiveness of a consultation liaison psychiatry intervention in acute coronary heart disease. Doctoral thesis, Faculty of Medical Sciences, Lisbon, 2006 [in Portuguese].
- [12] Gusmao R. Depression: detection, diagnosis, and treatment. A prevalence and detection study of depressive disorders in primary care. Doctoral thesis, Faculty of Medical Sciences, Lisbon, 2006 [in Portuguese].
- [13] Wise TN. An overview of consultation liaison psychiatry: a proud past and a challenging future. In: Matsushita M, Fukunishi I, editors. *Cutting edge of Medicine and Liaison Psychiatry*, New York, pp. 3–12.

### Join the EACLPP mailing list!

The European Association of Consultation Liaison Psychiatry and Psychosomatics has recently started a mailing list in order to inform you of EACLPP activities and other activities in the field of CL psychiatry and psychosomatics. You are invited to join our mailing list via our website (<http://www.eaclpp.org>). Membership of the EACLPP is not required.

Albert Leentjens, President of the EACLPP