

Global CL Psychiatry: a field ripe for exploration

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Introduction

Low and Middle Income Countries (LMICs) face increasing prevalence of non-communicable diseases (NCDs) and are disproportionately affected by the burden of mental disorders (Schnyder et al., 2017). Despite global efforts to close the mental health treatment gap, specific strategies to address the mental health needs of medically ill populations in LMICs remain underdeveloped. Developing strategies to improve access and quality of mental health care for comorbid, medically ill patients in LMICs is crucial. Global mental health frameworks can support advancements in Consultation-Liaison Psychiatry (CLP), helping to address this gap.

Methods

A comprehensive search was conducted in PubMed, PsycINFO, and Embase databases from their inception to March 2024.

Table 1. Search Strategy

Concept 1	AND	Concept 2
Consultan-Liaison Psychiatry OR Liaison Psychiatry OR Psychosomatic Medicine		Global OR Global Health OR Global Mental Health

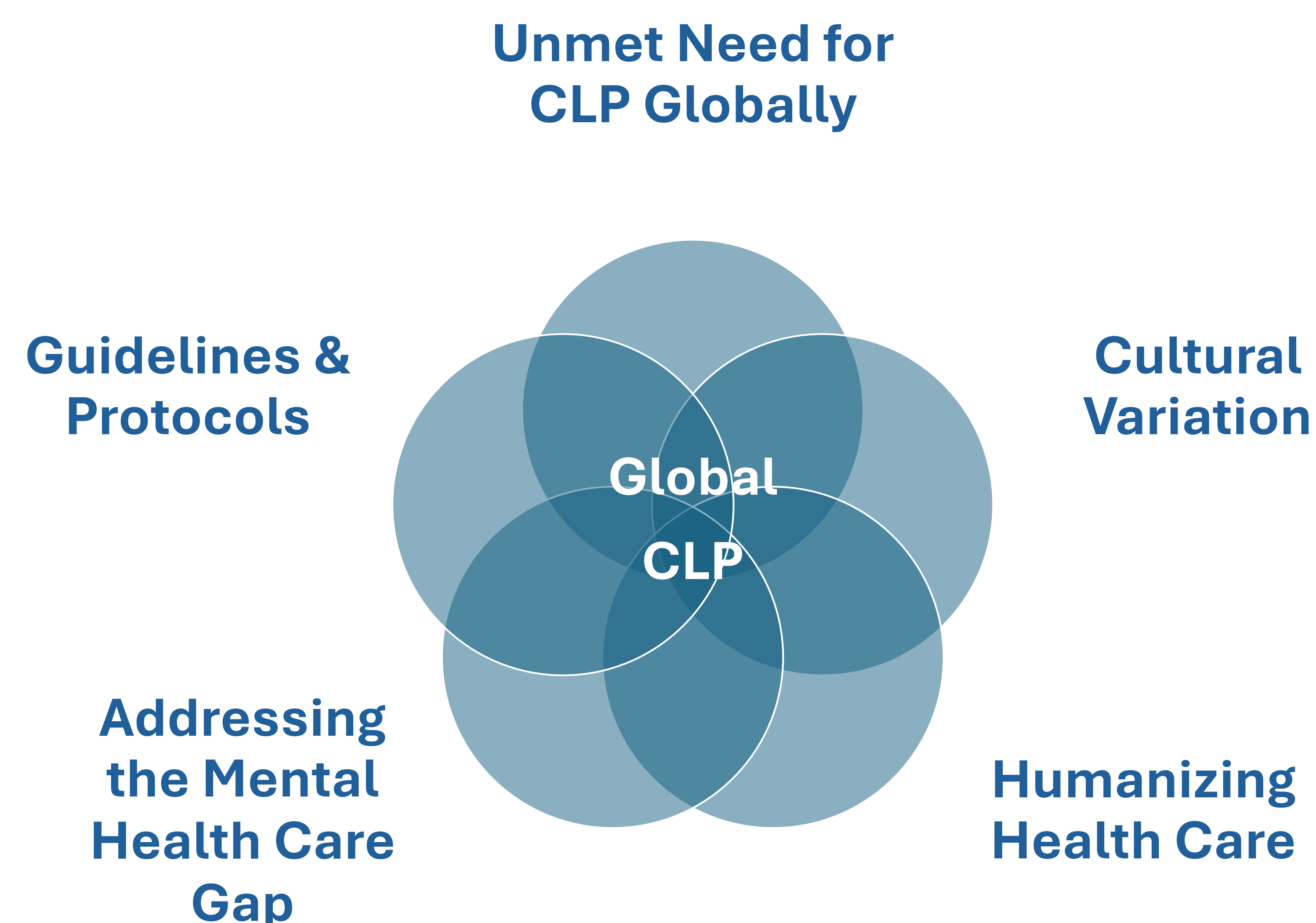
Publications discussing the development of CLP services globally were included in the review.

Results

Fifteen publications were included in the review, and the authors categorized the results into five key themes (see Diagram 1).

Unmet need for CLP globally: A global survey revealed a higher risk of multimorbidity of NCDs in individuals with mental disorders, with up to two-thirds of NCD patients also experiencing mental health issues (Fountoulakis et al., 2024). Significant disparities in CLP service availability exist between (Hoare et al., 2021) and within countries (Shinjo et al., 2021), particularly between HICs and LMICs.

Diagram 1. Key Themes on Global CLP



Cultural variations play a significant role in the cross-national differences in the practice of CLP (Ramsay et al., 1979; Rief & Hiller, 1998). These differences have important implications for the development of CLP services in non-Western countries (Kishi et al., 2007).

Humanizing Health Care: Global expansion of CLP is key to providing humane and comprehensive care for medically ill patients worldwide, including those with HIV (Hoare et al., 2021), cancer (Grassi, 2020; Matsuda et al., 2019; Takano et al., 2021), and alcohol-related comorbidities (Moriarty, 2020).

Addressing MH Care Gap: this expansion can also play a pivotal role in promoting the prevention, early detection, and treatment of mental disorders (Adejumo et al., 2018). CLP skills and training are particularly suited to global mental health initiatives (Bauer et al., 2010, 2011).

Guidelines & Protocols, such as those for addressing suicide risk in pediatric patients (Brahmbhatt et al., 2019) and providing treatment for catatonia in LMIC (Smith et al., 2015), offer potential improvements in care. However, more evidence on their implementation is needed.

Discussion

The global expansion of CLP is crucial to addressing the unmet needs of medically ill individuals with mental disorders, particularly in LMICs, where it could help bridge the mental healthcare gap. Some studies have examined the nuances of implementing CLP in non-Western countries, with Japan emerging as a leader in this field. While the search strategy has limitations and may not have captured all relevant publications from LMICs, this review serves as a starting point for discussion. Further research is needed to explore these challenges and support the global growth of CLP.

Implications

Building international partnerships with LMICs is crucial for advancing CLP development globally. These collaborations can support capacity-building, strengthen research systems, and enhance healthcare workforces. Resources like the Partnership Assessment Tool and the Canadian Coalition for Global Health Research Principles provide valuable guidance through key principles such as **authentic partnering, inclusion, shared benefits, and responsiveness to inequities** (Plamondon & Bisung, 2019).

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