

The Significance of the Liaison – an Air Force Member’s Mania Highlights the Liaison’s Necessity

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Clinical Case

A United States service member with no previous psychiatric history travels from an overseas military base to a stateside military base for a preparatory operational exercise. Due to a multitude of factors, the member begins to exhibit abnormal behavior with decreased need for sleep, making bizarre statements, and is becoming increasingly disruptive. After an extensive unremarkable medical work-up, the member was involuntarily admitted for manic symptoms. For the military, a highly trained servicemember is a crucial and expensive asset. This asset was having symptoms of mania with a small contingent of his unit present but was separated from his base leadership – who had final operational control over this member. Also, the small contingency of medical professionals attached to his unit were not prepared to treat mania, the current base medical leadership were not mental health professionals, and the inpatient psychiatric unit where the member was hospitalized was not military-affiliated. Finally, military medical readiness requirements exclude service members with certain mental health conditions from continued military service. This led to extensive education and coordination with the prudent parties across the globe to facilitate next steps in the member’s mental health care and appropriate path for the member’s medical readiness while the member was inpatient and awaiting discharge, in transition back to his overseas base, and while awaiting determination of final military disposition.

Background/Significance

The evolution of Consultation-Liaison Psychiatry has resulted in its increased integration into all aspects of the medicine and enables psychiatrists to more effectively engage in public outreach and prevention efforts, advise hospital leadership, and collaborate with other medical professions.

Specifically, the “Liaison” role facilitates connection between groups for effective collaboration. Specifically, it allows for:

- An educator/facilitator role for the consultee regarding medical and psychiatric knowledge
- An educator/facilitator role regarding communication/understanding between patients and health care professionals.

Military-specific structure and regulations further illustrate the crucial role of the liaison in military psychiatry.

Air Force/Military Specifics

Military and Air Force Psychiatry create complex and fascinating situations that perfectly highlight the critical and influential nature of required liaising skills.

Military culture has a unique code of manners, norms of behavior, belief systems, dress, and rituals but is more delineated than most cultures.

- Structure of the military
 - Hierarchical organization
 - Specialization
 - Bases
 - Special duty status
 - Security clearances
- Uniform Code of Military Justice (UCMJ)
- Defense Health Agency and Military Health System
- Medical Readiness

Disclaimer: The views expressed are those of the presenter do not reflect the official policies of the Department of Defense, Air Force, or its Components.

Discussion

Functioning as a liaison is a crucial skill and its significance is evident by its inclusion in ABPN and ACGME Core Competencies for Consultation-Liaison Psychiatry, including but not limited to:

- Patient Care Core Competencies: Criteria G
 - Provide appropriate guidance to caregivers of patients with psychiatric problems
- Interpersonal & Communication Skill Competencies: Criteria A
 - Demonstrate ability to effectively convey impressions and recommendations
 - Serve as educational resource for patients, patients’ families, multidisciplinary staff, related disciplines on interaction of psychiatric and general medical disorders
 - Provide guidance to teams to promote the appropriate biopsychosocial treatment plan

This case underscores the importance of utilizing these skills to successfully achieve the following:

- Facilitation of shared decision making
- Collaboration with pertinent medical professionals to create an appropriate treatment plan
- Effective communication of complex situations to parties with varying levels of both medical (and military) knowledge

References

1. ACGME. *Supplemental Guide for Consultation-Liaison Psychiatry*. 2022.
2. APRN. *Consultation-Liaison Psychiatry Core Competencies Outline*. 2021.
3. E Leigh & J Streltzer. *Chapter 2: The Function of Consultation-Liaison Psychiatry*. Handbook of Consultation-Liaison Psychiatry. 2015. 11-14.
4. S Grover & C Naskar. *Models of Consultation-Liaison Psychiatry: A Scoping Review*. Journal of Mental Health and Human Behaviour. 2023 28(2): 116-125.
5. Z Lipowski. *Consultation-Liaison Psychiatry: An Overview*. Am J Psychiatry. 1974 131(6): 623-630.
6. M Toyne, J Walker, et al. *The effectiveness of inpatient consultation-liaison psychiatry service models: A systematic review of randomized trials*. General Hospital Psychiatry. 2021 71: 11-19.
7. C Luckem JM Gschossmann, et al. *A comparison of two psychiatric service approaches: findings from the Consultation vs. Liaison Psychiatry-Study*. BMC Psychiatry. 2017 17(8): 1-8.
8. GW Henry. *Some modern aspects of psychiatry in general hospital practice*. Am J Psychiatry. 1929 86: 481-499.
9. EG Meyer, BN Hall-Clark, et al. *Assessment of Military Cultural Competence: A Pilot Study*. Acad Psychiatry. 2015 30: 382-388.
10. EG Meyer, BW Writer, et al. *The Importance of US Military Cultural Competence*. Curr Psychiatry Rep. 2016 18: 1-8.
11. DR Lipsitt. *Foundations of Consultation-Liaison Psychiatry: The Bumpy Road to Specialization*. 2016.