Pathways to Gaining an Embedded Social Worker on Consulting Liaison Psychiatric Teams

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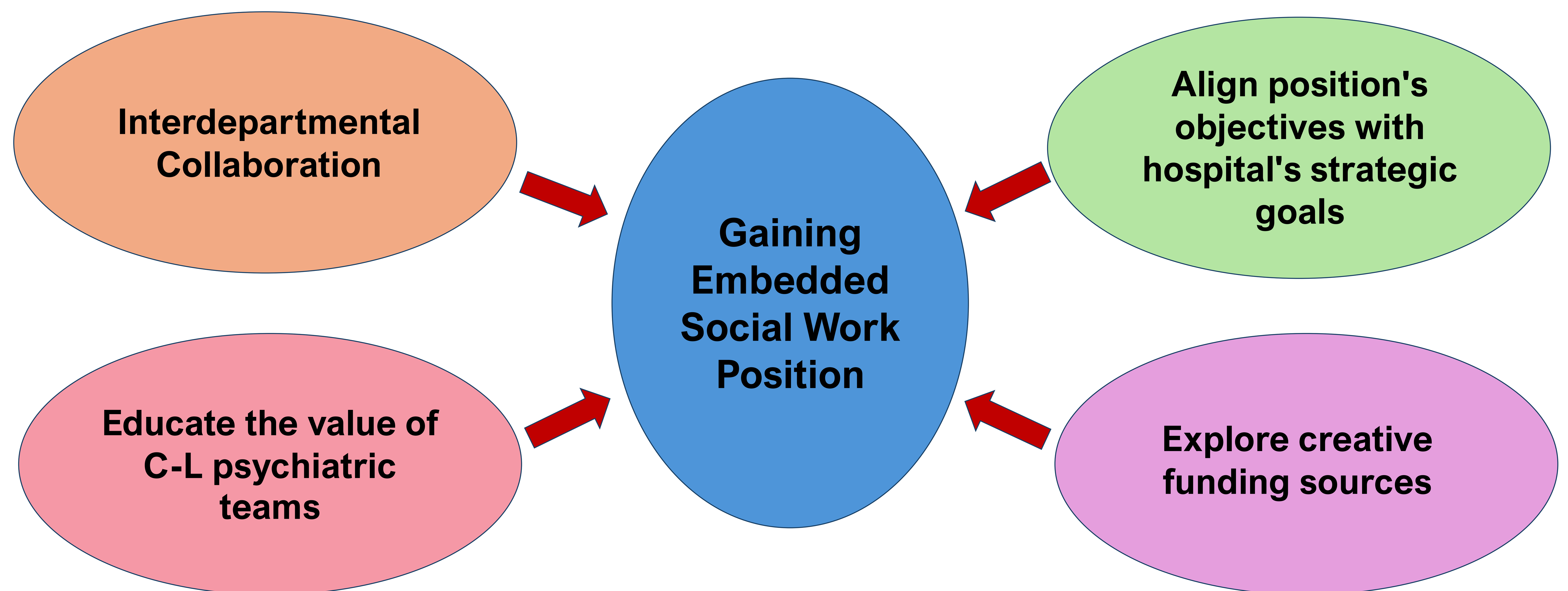
Background:
Multidisciplinary consultation liaison (C-L) psychiatry services are known to be effective and cost-efficient. Licensed clinical social workers can be a particularly valuable addition to these teams. Responsibilities of such providers on the C-L service may include (but are not limited to) linkage to outpatient care, provision of direct patient care such as brief bedside psychotherapy, and collaboration with patients' families. However, through anecdotal reports, many C-L teams are not able to secure a clinical social worker position due to administrative and financial barriers.

Method:
Our consultation-liaison service, located at a large, urban, tertiary/quaternary care hospital, was able to secure funding for a licensed clinical social worker by collaborating with the Division of Trauma, Burns, Critical and Acute Care. Using content analysis of key informant interviews with Program Directors, Program Managers, Vice-Chair of Psychiatry, Service Chiefs, Social Work Supervisor, Attending Psychiatrists and Surgeons, we identified the administrative strategies we used and the institutional tipping points which led to the creation of this role.

Results:
The key informant interviews revealed similar pathway suggestions from all subjects interviewed. Subjects reported that interdepartmental collaboration was critical in the creation of the clinical social worker role, specifically reaching out to the units/ departments with high rates of C-L psychiatry consult requests. Specialty units and ICUs, for example Burn-ICUs, often have requirements to maintain or obtain certifications which the clinical social worker position may be able to fulfill. Identifying how the clinical social worker role will differ from medical social workers' role is beneficial in proposals to hospital administration. Our subjects highlighted advantages such as the ability provide family meetings, family mediation, couples therapy, psychoeducation to patients' support systems, bedside psychotherapy, referrals for outpatient psychiatric care, psychoeducation to primary teams, and bridging challenging communication lines throughout patients' hospital course. Subjects suggested aligning the clinical social worker position's objectives with the hospital/medical center's strategic goals, aiming to show how the new position will be beneficial to effectively using hospital resources. Specific quality and financial metrics may include improving length of stay, patient satisfaction, quality of discharge plans, and patient outcomes which have shown to reduced readmittance rates. Subjects suggested looking into both inpatient and outpatient programs for collaboration; if hospital billing structure will allow combining two part-time service gaps across these two settings, it will ease the fiscal burden of the new position.



Conclusion:
The benefits of obtaining a C-L clinical social worker are largely uncontested by C-L teams themselves, yet the pathway to gaining this position is not clear. The key informant interviews results indicate all pathways to establish this staffing line are strengthened by collaboration, communication, and advocacy. The anecdotal evidence suggests that hospital administration may be more willing to provide budgets for salaries when the position reduces unnecessary hospital resource expense and when the position promotes the institution's strategic values. C-L teams that include a clinical social worker hold a comprehensively specialized set of skills like no other team in the acute setting; education about this value is the foundation to a successful proposal for gaining a clinical social worker on your C-L team.

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