

## The Role and Impact of Consultation-Liaison Psychiatric Nursing within Health Care Systems

Nazmiye Yıldırım<sup>1,3</sup>, Aycan Kayalar<sup>2,3</sup>

<sup>1</sup> Department of Psychiatric and Mental Health Nursing, Faculty of Health Sciences, Bolu Abant İzzet Baysal University, Bolu, Türkiye <sup>2</sup> Department of Consultation-Liaison Psychiatry, Gazi University Health Practice and Research Center, Ankara, Türkiye <sup>3</sup> Consultation-Liaison Psychiatry Nursing Commission, Association of Psychiatric Nurses, Türkiye

**Received:** 20/06/2025 **Accepted:** 03/09/2025 **Available online date:** 21/09/2025

**Corresponding Author:**

Aycan Kayalar, e-mail: [aycankayalar@gmail.com](mailto:aycankayalar@gmail.com)

**How to cite:**

Yıldırım N, Kayalar A. The Role and Impact of Consultation-Liaison Psychiatric Nursing within Health Care Systems. Journal of Consultation Liaison Psychiatry 2025;1(1):21-32.

### ABSTRACT

Consultation-Liaison Psychiatry (CLP) nursing is a specialized area of psychiatric nursing that bridges the gap between general hospital services and mental health care by integrating medical-psychiatric treatment with physical and psychosocial care. This review aims to explore the historical development, roles, practice areas, and effectiveness of CLP nursing, with particular attention to its impact on patient outcomes and the healthcare system. Evidence indicates that CLP nurses contribute significantly to holistic and patient-centered care by offering both direct psychosocial interventions to patients and families and indirect support through consultation and education to healthcare teams. Their presence improves outcomes related to depression, anxiety, quality of life, and patient satisfaction, and helps reduce the stigma surrounding mental health care. Moreover, CLP nurses foster multidisciplinary collaboration, empower general hospital staff, and contribute to a psychologically safe environment, particularly in high-stress units such as emergency departments and oncology wards. International literature supports the positive effects of CLP nursing services on clinical outcomes, continuity of care, and system efficiency. However, the implementation of CLP nursing remains limited in certain areas—particularly in pediatric populations and in countries like Türkiye, where institutional structures, legal regulations, and systematic training programs are still lacking. To maximize the potential of CLP nursing, it is essential to increase its visibility, integrate it into health policies, expand training programs, and support nurses' active involvement in multidisciplinary teams. The findings of this review underscore that CLP nursing is not a luxury but an essential and effective component of holistic health care that deserves broader recognition and structural support.

**Keywords;** consultation-liaison psychiatric nursing, effectiveness, general hospital, psychiatric comorbidity, psychosocial care, quality of care

### Highlights

- CLP nursing integrates psychosocial and psychiatric care into general hospital settings, offering both direct patient care and indirect support to healthcare teams.
- Evidence suggests that CLP nurses improve outcomes in depression, anxiety, quality of life, patient satisfaction, and continuity of care.
- CLP nurses empower hospital staff by increasing their knowledge, reducing stigma, and improving team communication and collaboration.
- Despite its effectiveness, the role of CLP nursing remains underdeveloped in Türkiye, especially in pediatric settings, highlighting the need for legal, educational, and institutional initiatives.

### INTRODUCTION

Understanding the interaction of biological, psychological, social, and spiritual factors is essential in the development and progression of medical or psychiatric illnesses, as well as in the treatment and care of patients. The need for holistic treatment and care is evident in various contexts. For example, surgical patients may experience anxiety and body image disturbances [1]. Patients with chronic illnesses need to adapt to their condition and strive to improve their quality of life [2,3]. In addition, the growing prevalence of multimorbidity highlights the coexistence of multiple physical and mental health problems [4]. Globally, the aging population and increasing life expectancy have further contributed to the rise in chronic non-communicable diseases [5]. Moreover, the COVID-19 pandemic has significantly impacted the prevalence of mental health issues [6]. Additionally, psychiatric emergencies such as panic attacks or deliberate self-harm often lead patients to emergency departments [7]. Patients also frequently seek care for clinical somatization in non-psychiatric settings [8]. These situations show that mental health problems are not limited to psychiatric clinics. Healthcare teams in general hospitals are increasingly

encountering individuals with mental health conditions [9].

However, staff working in non-psychiatric clinics often experience difficulties in caring for these patients. Studies have shown that they frequently lack knowledge and confidence [10-14]. Multiple factors negatively affect the delivery of psychosocial health services. These include the training and culture of multidisciplinary hospital staff and the clinical complexity of medical and psychiatric conditions. The organization of the healthcare system and related funding strategies also play a role. In addition, staff shortages, high turnover rates, and time constraints further limit service delivery [10,11]. Moreover, among healthcare workers providing care for patients with psychiatric disorders, a lack of leadership and ownership regarding mental health often contributes to the perception that mental health care is someone else's responsibility [11-14]. The emotional impact of caring for patients who have attempted suicide or self-harmed is also reported to be challenging for staff, affecting their well-being and potentially leading to avoidance of care provision [13,14]. Under such circumstances, the risk of neglecting medical-psychiatric morbidity in general hospitals becomes likely [12].

Over the years, accumulated evidence, experience, and observation have demonstrated the necessity of providing mental health services in non-psychiatric clinical settings. There remains an ongoing need for these services to go beyond psychiatric consultations. The field that bridges general hospital clinics and psychiatry—aiming to integrate medical-psychiatric treatment with physical and psychosocial care through a biopsychosocial approach—is Consultation - Liaison Psychiatry (CLP) [15,16]. Both globally and nationally, the effective and sustainable delivery of CLP services requires coordinated collaboration among

psychiatrists, psychiatric nurses, and other team members [17,18].

In this context, this study aims to compile knowledge regarding the institutionalization process, areas of practice, and roles of psychiatric nursing in general hospitals—specifically, CLP nursing—as well as its impact on patient outcomes and the healthcare system. Addressing the challenges of mental health care in non-psychiatric settings is crucial for improving patient outcomes and ensuring comprehensive healthcare delivery. Strengthening CLP services can enhance the integration of medical and psychiatric care, ultimately benefiting both patients and healthcare professionals.

### **The Development of Consultation-Liaison Psychiatric Nursing**

This field emerged in the 1960s in the United States out of the need to address the psychosocial problems experienced by patients hospitalized in non-psychiatric clinics. In nursing literature, this role was first documented by Johnson (1963) and Peplau (1964), with significant contributions to its definition made by Robinson (1968). Practice models and reference texts were published, and in 1980, a graduate program specific to the field was launched at Yale University. In 1987, the first national conference on liaison psychiatric nursing was held in Chicago. During this conference, a Psychiatric Liaison Nursing Special Interest Group was established under the Council of Psychiatric Mental Health Nursing within the American Nurses Association [19]. After this group developed practice standards, ANA officially recognized CLP nursing as a subspecialty in 1990. As the group expanded, the International Society of Psychiatric Consultation Liaison Nurses (ISPCLN) was founded as an independent organization in Baltimore in 1994 [20].

These developments in the U.S. influenced the advancement of similar

mental health nursing specializations in other countries. Examples include the Australian College of Mental Health Nurses Consultation-Liaison Special Interest Group (ACMHN CL SIG). Pioneering studies have been published in various countries, including Canada (Moreau et al., 1974), Australia (Meredith & Weatherhead, 1980), the United Kingdom (Jones & Tunmore, 1989), New Zealand (Chiplin & Geraghty, 1990), Greece (Priami & Plati, 1997), Taiwan (Chiu, 1999), the Netherlands (Latour, 2001), and Türkiye (Kocaman, 2005) [21,22]. In these countries, mental health and psychiatric nurses have been actively involved in general hospitals, emergency departments, primary care, and nursing homes. Each nation has developed its own organizational structures and practice models based on national needs, health policies, and system characteristics.

In Türkiye, the concept and practice of CLP nursing started to take shape in the mid-1990s. At Hacettepe University Faculty of Nursing, a rotation in psychiatric nursing within general clinical environments was introduced as part of the undergraduate course in psychiatric mental health nursing, laying the groundwork for this specialty. Faculty members from this period established a Mental Health Unit at Hacettepe Oncology Hospital and conducted voluntary psychosocial consultations with cancer patients two half-days per week between 1996 and 2000—an initiative that later became institutionalized [23]. Meanwhile, a CLP Unit was established in 1989 at Istanbul University Istanbul Faculty of Medicine, Department of Psychiatry, and in January 1997, the Higher Education Council officially established a CLP Department. The first CLP nursing practices in Türkiye were initiated at this institution [24,25].

The development of CLP nursing in Türkiye has been supported by academic publications on the evolution of the CLP nurse's role and the importance of

psychosocial care in general hospitals [26,27,28], conference presentations, educational courses, and the efforts of psychiatric nursing faculty in universities [29]. Other major milestones include the 2011 amendment to the Nursing Regulation, which officially defined the roles, authorities, and responsibilities of CLP nurses [30]. In 2018, the CLP Nursing Master's Program was launched under the Department of Psychiatric Nursing at Ege University's Institute of Health Sciences [31]. More recently, the CLP Nursing Commission was established under the Psychiatric Nurses Association in 2021. This commission brought together psychiatric nurses with clinical and academic expertise in CLP nursing in Türkiye [32].

### **Practice Areas and Roles of Consultation-Liaison Psychiatric Nursing**

CLP nursing is a subspecialty of psychiatric nursing that focuses on identifying, managing, and investigating the emotional, philosophical, developmental, cognitive, behavioral, and psychosocial reactions and problems of patients and families who enter the healthcare system due to physical health problems. These problems range from primary prevention to treatment, care, and rehabilitation [26]. Some positions work with psychiatrists and other healthcare professionals in a CLP unit, while others work independently from other mental health clinicians [33]. Studies involving CLP nurses have shown that this field offers a rewarding and satisfying career path. CLP nurses report job satisfaction due to autonomy, the wide scope of practice, collaboration with other professionals, opportunities for education, and the ability to use a variety of skills and competencies [34].

The main aim of CLP nursing is to support the mental health of patients and their families, increase psychosocial adjustment, and improve quality of life. To

achieve this, CLP nurses can provide direct psychosocial care to patients and families or offer indirect care through consultation with the primary healthcare team within the hospital [28]. Direct care includes both basic and advanced psychosocial nursing interventions. The CLP nurse continuously evaluates and documents changes in the individual's mental state, coping skills, level of social interaction, and feedback from patients and their relatives [28,35]. Service models are diverse and named based on their focus. For instance, consultations may focus on the patient, consultee, crisis, or system. According to their function, either consultation or liaison models are used [17]. It is essential to emphasize that consultation and liaison activities are complementary, interdependent, and inseparable in clinical practice.

The term 'consultation' refers to the process of seeking or providing professional opinions or guidance. In CLP nursing, Caplan's mental health consultation model (1970) has been applied [19]. Caplan defined consultation as a process in which one professional (the consultee) seeks assistance from another professional considered an expert in the field (the consultant) to solve a clinical issue. In CLP nursing, the clinical issue pertains to mental health, and the consultant's expertise lies in psychiatric mental health nursing [36]. The relationship established with the consultee goes beyond a mere request for help; it also involves close collaboration with the primary healthcare team. Caplan's model has been adapted to various contexts including the UK [37], Türkiye [27], and Australia [38].

The term 'liaison' derives from the verb 'to bind' and refers to communication or coordination between two or more individuals or groups. In CLP practice, it describes specific aspects of the relationship between the patient, their illness, the primary healthcare team in the hospital, and the surrounding environment [36]. It represents the connection between

the knowledge base of psychiatric and mental health nursing and the care of patients with actual or potential physical health issues [19]. Due to the complexity and insufficient understanding of psychiatric conditions, addressing such issues adequately often requires establishing longer and more structured relationships, even collaborating directly with the primary healthcare team. The presence of a CLP nurse in the general hospital setting provides opportunities for observation, fostering collaboration, mutual learning, and discussion [27]. Moreover, the primary healthcare team might attempt to cope before requesting help, or the patient's psychological issues may be recognized but not seen as a priority. The easy accessibility of the CLP nurse creates the opportunity to identify potential and existing patient problems, intervene early, and minimize the impact on both the patient and the primary team [20]. Regular input from the CLP nurse can gradually influence the culture of the service, making it a mentally aware and psychologically healthy environment for both patients and staff. The system in which patients and healthcare workers exist is considered. Influencing the system to be more conducive to patient care, assisting the primary team with emotional challenges during caregiving, addressing their concerns about mentally ill patients, and supporting the team overall are key roles of the CLP nurse. Another function of liaison practice is to raise mental health awareness among healthcare professionals working in non-psychiatric settings and to educate them about mental healthcare [27]. The CLP nurse promotes the biopsychosocial and holistic care model, challenges reductionism and the mind-body dualism, and supports the primary team in engaging with the individual, illness, and treatment with genuine interest, thereby influencing change in clinical practice [24,27].

The most fundamental feature of CLP nursing is collaboration, connection, or regular interaction—that is, working together. In both consultation and liaison

practices, regular contact is maintained through meetings, case reviews, formal or informal discussions, and educational activities [37]. The focus of this contact is to support the primary healthcare team in identifying, managing, and preventing the psychosocial and psychiatric problems of patients. The effectiveness of this support depends largely on the quality of the relationship or professional alliance between the CLP nurse and the primary team. This alliance or liaison relationship—much like the therapeutic relationship in psychiatric nursing—lies at the core of the CLP nurse's clinical practice. As meaningful and effective communication develops between the CLP nurse and the primary healthcare team, trust grows. The work carried out within the alliance becomes increasingly effective and sophisticated. When the CLP nurse is consulted on a complex case or issue, much of the preliminary work needed to understand the consultation request has already been done, and the nurse's credibility is established. The primary team trusts the CLP nurse's expertise and judgment, which in turn facilitates the effective implementation of recommendations. When a CLP nursing position is newly introduced in an institution, initiating and maintaining liaison relationships is particularly important, as this process directly impacts the success and evolution of the role [39].

In fact, the role of CLP nurses initially began by providing consultation to general hospital nurses on the care of patients with mental health issues. Over time, this role expanded to include direct, individualized psychosocial care for patients and their families. It later evolved to address the emotional burdens faced by primary care teams and systemic challenges such as job-related stress and burnout [36]. This expansion transformed the CLP nurse into a professional who actively participates in clinical assessment and treatment processes alongside the psychiatrist, develops individualized nursing care plans, manages

psychiatric symptoms such as anxiety, depression, and delirium, provides psychoeducation and psychotherapy, and coordinates post-discharge follow-up care. Additionally, the nurse's active participation in case meetings and councils has reinforced their role within the multidisciplinary team [35]. Indeed, the literature supports this development, demonstrating that CLP nurses effectively implement evidence-based interventions such as cognitive behavioral therapy (CBT), mindfulness-based approaches, and supportive psychotherapy. These interventions have been shown to improve clinical outcomes and be cost-effective [40,41].

In Türkiye, the specialty of mental health and psychiatric nursing is delivered through the consultation-liaison model to both inpatients and outpatients, as well as to primary healthcare teams. There are exemplary practices where liaison with high psychiatric morbidity clinics and primary care teams has been successfully established and maintained. One of the earliest clinical implementations of CLP nursing in Türkiye involved services for high-risk pregnant women. This practice included inpatient visits in collaboration with the obstetrics team and individual psychotherapeutic sessions with patients. It also involved direct psychosocial interventions, support for family members, guidance in care plan development, collaboration and education with the patient's primary nurse, and role modeling in psychosocial care delivery [42,43].

Another good practice example in liaison nursing is the service provided in physical therapy and rehabilitation clinics for patients diagnosed with temporomandibular dysfunction. In this context, the CLP nurse performs a specialized mental health assessment and plans appropriate interventions. Structured CBT-based interventions are delivered either individually or in groups of patients with similar issues, ensuring a holistic

treatment process [44,45]. Similarly, CBT-based group therapy services provided in outpatient settings for obese and overweight individuals represent another example of the CLP nurse's role in group-based psychosocial interventions. Throughout the group process, the CLP nurse assumes both supportive and educational roles and addresses core psychological processes such as body image, eating behaviors, and motivation from a holistic perspective [41]. Psychoeducation programs for patients undergoing treatment for illnesses such as breast and gynecological cancers are also implemented by CLP nurses [46].

### **Impacts of Consultation-Liaison Psychiatric Services**

Psychiatric services have been provided in general hospitals for nearly a century, yet research on their impact on patients and healthcare systems remains limited. Determining the effectiveness of CLP services is considered challenging due to the many contributing factors that influence outcomes. However, CLP services have been reported to be positively received and considered valuable by medical hospital staff [47]. Studies also suggest that CLP may positively impact patient outcomes, length of hospital stay, resource utilization, and readmission rates [48-53]. A meta-analysis revealed that psychiatric comorbidities in patients with medical conditions were associated with prolonged hospital stays, higher readmission rates, and increased overall healthcare costs [54]. In this context, the failure to effectively recognize and manage comorbid psychiatric conditions not only negatively affects medical outcomes but also imposes a significant economic burden on healthcare systems. Therefore, CLP aims to support clinical improvement and contribute to efficient resource use through various service models and a multidisciplinary team approach [17,55].

A systematic review of 12 studies on proactive psychiatric consultation models found that eight of them reported a reduction in hospital stay durations among adult inpatients. Additionally, two studies reported positive cost-benefit outcomes [49]. Another systematic review that examined 38 randomized controlled trials assessing the effects of CLP interventions on depression and anxiety concluded that, although the interventions produced modest effects, they served as useful initial treatments [50]. A systematic review of eight RCTs evaluating the effectiveness of different CLP service models for inpatients found no evidence favoring one model over another; however, it concluded that a consultation-only approach might be insufficient [51].

Literature on CLP nursing reveals that CLP nurses provide psychosocial care to various patient groups across different countries, and the outcomes of these interventions have been reported. Clinical consultations conducted by CLP nurses have been shown to enhance patient satisfaction and positively influence mental health outcomes and the quality of nursing care [22,56]. The presence of expert CLP nurses with advanced clinical skills plays a critical role in improving the quality of mental health service delivery [56]. In a study evaluating the role and outcomes of a psychiatric nurse specialist acting as a liaison officer for pregnant women, it was found that the psychiatric nurse specialist was not only a source of support but also a central figure in delivering holistic and sustainable psychosocial care. It was noted that the liaison system not only benefited patients but also alleviated the workload of psychiatrists [57]. Similarly, within the liaison model implemented at Istanbul University, CLP nursing services provided to high-risk pregnant women were observed to strengthen collaboration between obstetric and psychiatric teams and promote a holistic approach to care [42].

A study evaluating the integration of CLP nursing services into emergency departments found that the service was received positively by both patients and other healthcare clinicians. Patients reported that liaison nurses provided a safe, non-judgmental, and calm space where they felt heard and understood within the chaotic environment of the emergency department. Clinicians emphasized that the presence of liaison nurses enhanced their competence and confidence in managing patients presenting with mental health problems, reduced their workload, and improved patient flow. These results demonstrate that the integration of CLP nursing into emergency care settings significantly improves care quality and safety for patients, while also supporting emergency staff and contributing to overall system efficiency [58]. In another example, a structured cognitive behavioral group therapy program conducted by a CLP nurse at Gazi University's CLP unit with individuals struggling with obesity was found to lead to significant clinical improvements not only in weight management but also in depression, anxiety, and quality of life [41].

A comprehensive review of 19 studies using quantitative, qualitative, and mixed-method designs involving patients and/or general hospital staff revealed key findings regarding CLP nursing. The studies showed variability in CLP nurses' titles and roles. CLP nursing services were provided across all age groups. The most frequently addressed diagnostic categories included organic mental disorders such as delirium, adjustment disorders, depression, anxiety, psychotic symptoms or disorders, and substance-related problems. Seven studies reported that CLP nursing interventions significantly reduced depressive symptoms in older patients, and two studies reported improvements in cognitive functioning. Other notable outcomes included increased quality of life and greater satisfaction with care. CLP nursing interventions were found to benefit distressed patients and facilitate

access to other mental health services. In nine studies, hospital staff reported that contact with CLP nurses improved their knowledge, skills, and understanding of mental health care. Participants noted reduced stigma, the development of more positive attitudes, and increased awareness that providing support to patients does not necessarily require extensive time. Four studies found that CLP nurses helped develop care plans, provided support, guidance, and training to facilitate the implementation of care, promoted continuity of care, and ultimately contributed to improved patient outcomes. Regular contact and communication with CLP nurses helped staff better identify patients' psychosocial needs, gain a clearer understanding of clinical issues, and enhance their skills. A qualitative study examining staff perceptions of clinical consultations provided by CLP nurses identified four themes through thematic analysis: engaging in communication, supporting staff, implementing strategies, and utilizing attributes. The theme of utilizing attributes revealed that staff—especially nurses—described CLP nurses as knowledgeable yet non-threatening, supportive, accessible, and approachable without evoking feelings of discomfort or inadequacy. CLP nurses were perceived as a valuable resource, and four studies reported that their presence had a calming effect on staff, reduced anxiety, and fostered a sense that challenges were manageable. Findings also indicated reductions in the use of restrictive interventions, increased safety in care, and a notable decrease in perceptions of “challenging” behaviors [22].

Although CLP and CLP nursing services are well-documented in adult patient populations, these services remain under-researched in child and adolescent groups. However, psychosocial support is critically important in this age group, especially for those with chronic and life-threatening illnesses. Recent international studies in pediatric hematology-oncology

clearly show that mental health nurses play a key role in alleviating the emotional burden of pediatric patients and their families, enhancing team communication, and functioning as an integral component of holistic care. The proposed mental health nurse model has been smoothly integrated into clinical practice, perceived as appropriate and helpful by health professionals, and highly appreciated by patients and families for providing emotional support and a sense of security. These findings suggest the model is feasible, acceptable, and a valuable intervention [59,60].

In Türkiye, however, there is no systematically defined CLP model dedicated to pediatric populations, nor is there an institutionally established role for CLP nurses in this field. A national study has highlighted the efforts of nurses working in pediatric oncology to support mental health [61]. Nonetheless, the lack of a formal role in this area contributes to the unmet psychosocial needs of families and increases the emotional burden on healthcare teams. Successful international examples demonstrate that such a role could be effectively implemented in Türkiye, provided nurses receive appropriate training, are integrated into multidisciplinary teams, and are supported by institutional leadership. Thus, employing CLP nurses for pediatric patients emerges not only as a necessary intervention but also as a feasible and effective strategy that can be operationalized with concrete measures.

Recent data from Türkiye show that approximately 70% of nurses working in a children's hospital encountered children or family members experiencing psychological distress, and reported difficulty in working with this patient group. While 71.3% were able to define psychosocial care, 52.5% had received information about CLP nursing, and 91.2% believed there was a need for CLP nursing in clinics [62]. Another study revealed that 40.5% of nurses working in internal

medicine and surgical clinics were unfamiliar with the concept of CLP nursing, yet 74.3% reported a need for such services in their institutions [63]. A study examining the views of nurse managers in Türkiye on the employment of CLP nurses found that managers considered their employment essential. They emphasized the need for legal regulations to train competent nurses in this specialty, the importance of disseminating best practices, and the necessity of raising awareness through orientation and promotional training sessions targeting nurse managers, the Ministry of Health, provincial health directorates, and hospital administrators [64]. These findings show that CLP nursing is still not sufficiently recognized in Türkiye by clinical nurses and administrative authorities, and awareness of its functions and contributions remains limited.

## Conclusion

In light of these findings, it can be concluded that integrating psychiatric knowledge and skills into general health care through CLP services contributes positively to patient outcomes, the competence of health professionals, and the efficiency of hospital systems (22, 49, 50). Similarly, an increasing number of national and international studies indicate that direct CLP nursing practices also provide positive effects in terms of quality of patient care, psychosocial support, and interprofessional collaboration (22, 41, 42, 45, 57, 58). Nevertheless, it is clear that further high-quality research is needed to confirm context-specific effects and to optimize implementation strategies. Future research and health policies should focus on expanding and optimizing these services to maximize their benefits.

In the context of Türkiye, the expansion of CLP nursing, the enhancement of awareness among health service managers, and the establishment of sustainable structures emerge as priority requirements

(62-64). The lack of institutionalized practices in pediatric care, in particular, represents a significant gap. Unless national-level standardization, role integration, and targeted training programs are developed, invisible psychosocial burdens, patient safety risks, and systemic inefficiencies are likely to persist. Conversely, building a strong CLP nursing infrastructure and comprehensive CLP services will not only address unmet psychosocial care needs but will also contribute to the development of a more resilient, responsive, and compassionate health care system.

## Declaration of Interests

The authors declare that they have no known competing personal interests that could have influenced the work reported in this paper.

## Author Conflict Statement

There are no conflicts of interest among the authors.

## Data Statement

N/A.

## Acknowledgements

N/A

## Author Contributions

The authors have jointly prepared this article and agree on its final version.

## Funding Sources

This research received no specific grant from any funding agency, commercial, or not-for-profit sectors.

## References

1. Yıldırım N, Kalyoncu N. Cerrahi hastası ve psikososyal bakım. In: Andsoy I, editor. *Cerrahi Hemşireliği ve Bakım*. 1st ed. Ankara: Akademisyen Yayınevi Kitabevi; 2024. p.241-54.
2. Arsenović S, Trajković G, Pekmezović T, Gazibara T. Association of health literacy with physical and mental health in people with chronic diseases. *Rev Epidemiol Sante Publique*. 2023;71(1):101419.
3. Fradelos EC, Saridi M, Bakalis V, et al. Mental health, quality of life, spiritual dryness, and acedia symptoms in patients suffering from chronic diseases. *Wiad Lek*. 2023;76(6):1332-41.
4. Suls J, Green PA, Boyd CM. Multimorbidity: Implications and directions for health psychology and behavioral medicine. *Health Psychol*. 2019;38(9):772-82.
5. Bulamba RM, Nalugoda F, Nkale J, et al. Examining associations between mental health and chronic non-communicable diseases (C-NCDs) among older adults in Wakiso, Uganda. *PLoS One*. 2024;19(6):e0293993.
6. Saqib K, Qureshi AS, Butt ZA. COVID-19, mental health, and chronic illnesses: a syndemic perspective. *Int J Environ Res Public Health*. 2023;20(4):3262.
7. Saraiva S, Guthrie E, Walker A, et al. The nature and activity of liaison mental services in acute hospital settings: a multi-site cross-sectional study. *BMC Health Serv Res*. 2020;20(1):308.
8. Duruk B, Sertel Berk Ö. Fonksiyonel somatik sendromlar ve DSM-5: Zihin beden yaklaşımı açısından bir değerlendirme. *Klinik Psikoloji Dergisi*. 2019;3(2):116-28.
9. Chadda RK, Sood M, Sarkar S. *Handbook of Consultation Liaison Psychiatry*. 1st ed. New Delhi: Department of Psychiatry, All India Institute of Medical Sciences; 2020.
10. Alexander V, Ellis H, Barrett B. Medical-surgical nurses' perceptions of psychiatric patients: a review of the literature with clinical and practice applications. *Arch Psychiatr Nurs*. 2016;30(2):262-70.
11. Foye U, Simpson A, Reynolds L. "Somebody else's business": The challenge of caring for patients with mental health problems on medical and surgical wards. *J Psychiatr Ment Health Nurs*. 2020;27(4):406-16.
12. Marchi M, Magarini FM, Mattei G, Pingani L, Moscara M, Galeazzi GM, et al. Diagnostic agreement between physicians and a consultation-liaison psychiatry team at a general hospital: An exploratory study across 20 years of referrals. *Int J Environ Res Public Health*. 2021;18(2):749.
13. Yıldırım N, Güner P, İnci F. The level of psychosocial skills of nurses caring for cancer patients and affecting factors: Results of a multicenter study. *Psycho-Oncologie*. 2024;18(3):223-31.
14. Weare R, Green C, Olosoji M, Plummer V. ICU nurses feel unprepared to care for patients with mental illness: A survey of nurses' attitudes, knowledge, and skills. *Intensive Crit Care Nurs*. 2019;53:37-42.
15. Kırpınar İ, Kırpınar MM. Konsültasyon-liyezon psikiyatrisi ve psikoönkoloji. In: Çayköylü A, editor. *Psikoönkoloji-Kanserli Hastaya Psikososyal Bakış*. 1st ed. Ankara: Türkiye Klinikleri; 2021. p.1-8.
16. Özkan M, Özkan S, Kocaman N. Evaluation of the development of psychosomatic medicine in a large university hospital in Türkiye. *Coll Antropol*. 2006;30(4):719-26.
17. Grover S, Avasthi A. Consultation-liaison psychiatry in India: Where to go from here? *Indian J Psychiatry*. 2019;61(2):117-24.
18. Saraiva S, Guthrie E, Walker A, et al. The nature and activity of liaison mental services in acute hospital settings: a multi-site cross-sectional study. *BMC Health Serv Res*. 2020;20(1):308.
19. American Nurses Association. *Standards of Consultation-Liaison Nursing Practice*. Kansas: American Nurses Association Council on Psychiatric and Mental Health Nursing; 1990.
20. Minarik PA, Neese JB. Essential educational content for advanced practice in psychiatric consultation liaison nursing. *Arch Psychiatr Nurs*. 2002;16(1):3-15.
21. Bryant J, Froster J, McNamara P, Sharrock J. You are not alone: Results of the 2005 Australian Consultation-Liaison Nurses Survey. Australia: The Australian College of Mental Health Nurses Inc.; 2007.
22. Sharrock J, Happell B, Jeong SY. The impact of mental health nurse consultants on the care of general hospital patients experiencing concurrent mental health conditions: An integrative literature review. *Int J Ment Health Nurs*. 2022;31(4):772-95.

23. Buldukoğlu K. Türkiye’de Psikiyatri Hemşireliği: Geçmişten Günümüze. Antalya: Çukurova Nobel Tıp Kitabevi; 2021.
24. Kocaman Kaçmaz N. İstanbul Üniversitesi İstanbul Tıp Fakültesi Konsültasyon Liyezon Psikiyatrisi Bilim Dalı’ndan hemşirelik uygulamaları. 1. Uluslararası & 8. Ulusal Hemşirelik Kongresi; 2000; Antalya. Program ve Özet Kitabı. p.67.
25. Turgay OM. Yeni bir hemşirelik uygulaması: Konsültasyon-liyezon psikiyatri hemşireliği. In: Özkan S, editor. Liyezon Psikiyatri Bülteni. İstanbul: İ.Ü. Basımevi Film Merkezi; 1991.
26. Kocaman N. Genel hastane uygulamasında psikososyal bakım ve konsültasyon liyezon psikiyatrisi hemşireliği. Cumhuriyet Üniversitesi Hemşirelik Yüksekokulu Dergisi. 2005;9:49–54.
27. Kocaman N. Konsültasyon liyezon psikiyatrisi hemşireliği ve rolü nedir? Atatürk Üniversitesi Hemşirelik Yüksekokulu Dergisi. 2005;8:107–18.
28. Kocaman N. Konsültasyon liyezon psikiyatrisi hemşireliği ve genel hastanede psikososyal bakım. Türkiye Klinikleri Dahili Tıp Bilimleri Psikiyatri Konsültasyon Liyezon Psikiyatrisi Özel Sayısı. 2006;47(2):97–107.
29. Kocaman Yıldırım N, Terakye G. Konsültasyon liyezon psikiyatrisi hemşireliğinin bugünü ve geleceği. Türkiye Klinikleri J Psychiatr Nurs-Special Topics. 2017;3(1):1–6.
30. Resmi Gazete. Hemşirelik Yönetmeliği’nde Değişiklik Yapılmasına Dair Yönetmelik. 19 Nisan 2011. Available from: <http://www.resmigazete.gov.tr/default.aspx>. Accessed 6 Jun 2025
31. KLP Hemşireliği Yüksek Lisans Programı. Available from: <https://ebp.ege.edu.tr/DereceProgramlari/Detay/2/61110/8210/932001>. Accessed 6 Jun 2025.
32. Psikiyatri Hemşireleri Derneği. Komisyonlar. Konsültasyon Liyezon Psikiyatrisi Hemşireliği Komisyonu. Available from: <https://phdernetegi.org/komisyonlar/> Accessed 6 Jun 2025.
33. Sharrock J, Bryant J, McNamara P, Forster J, Happell B. Exploratory study of mental health consultation-liaison nursing in Australia: Part 1 demographics and role characteristics. Int J Ment Health Nurs. 2008;17(3):180–8.
34. McNamara P, Bryant J, Forster J, Sharrock J, Happell B. Exploratory study of mental health consultation-liaison nursing in Australia: Part 2: Preparation, support and role satisfaction. Int J Ment Health Nurs. 2008;17(3):189–96.
35. Kayalar A. Konsültasyon liyezon psikiyatrisi ve konsültasyon liyezon psikiyatrisi hemşireliği. In: Gürhan N, editor. Ruh Sağlığı ve Psikiyatri Hemşireliği. 2nd ed. Ankara: Nobel Tıp Kitabevleri; 2024.
36. Sharrock J. Consultation-liaison. In: Edward K-L, Munro I, Welch A, Robins A, editors. Mental Health Nursing: Dimensions of Praxis. 2nd ed. South Melbourne: Oxford University Press; 2014. p.370–92.
37. Roberts D. Working models for practice. In: Regal S, Roberts D, editors. Mental Health Liaison: A Handbook for Nurses and Health Professionals. Edinburgh: Harcourt Publishers Ltd; 2002. p.23–42.
38. Sharrock J, Grigg M, Happell B, Keeble-Devlin B, Jennings S. The mental health nurse: A valuable addition to the consultation-liaison psychiatry team. Int J Ment Health Nurs. 2006;15:35–43.
39. Grigg M, Sharrock J. Evaluating the role of the psychiatric consultation-liaison nurse within the general hospital environment. Muriel Yarrington Research Fellowship Fund 2000–2001. Unpubl. Report. St Vincent’s Hospital; 2002.
40. Sampaio FMC, Sequeira CAD, Lluch Canut MT. Nursing psychotherapeutic interventions: a review of clinical studies. J Clin Nurs. 2015;24(15–16):2096–105.
41. Geniş B, Kayalar A, Dönmez A, Coşar B. Effect of structured cognitive-behavioral group therapy on body weight, mental status and the quality of life in obese and overweight individuals: A 16-week follow-up study. Turk Psikiyatri Derg. 2022;33(1):11.
42. Kalyoncu N, Yıldırım N. Yüksek riskli gebelik servisi liyezon uygulaması. Türkiye Klinikleri Psychiatr Nurs-Special Topics. 2021;7(1):15–24.
43. Özkan M, Kocaman Kaçmaz N, Anuk D, İbrahimoğlu L. Yüksek riskli gebelerde psikiyatrik morbidite. İstanb Tıp Fak Mecm. 2004;67(4):210–7.
44. Kocaman Yıldırım N, Özkan M, Dıraçoğlu D, Bayraktar İ, Karan A, Aksoy C, Özkan S. Psychopathological and clinical features in patients with temporomandibular joint dysfunction syndrome. Turk J Phys Med Rehab. 2012;58(1):9–15.
45. Kocaman Yıldırım N, Aydoğdu A, Oflaz S, Özkan M. Temporomandibuler bozukluğu olan hastalarda grup terapisinin etkinliği. IV. Uluslararası ve VIII. Ulusal Psikiyatri Hemşireliği Kongresi; 2016 Nov 5–9; Manisa. Bildiri Kitabı. ID no:1159. p.135–6.
46. Kocaman Yıldırım N, Kalyoncu N, Güveli H, Özkan M. Meme kanserli hastalara yönelik yapılandırılmış kısa süreli psikoeğitim müdahalesi. IV. Uluslararası ve VIII. Ulusal

- Psikiyatri Hemşireliği Kongresi; 2016 Nov 5–9; Manisa. Bildiri Kitabı. ID no:1160. p.137.
47. Kovacs Z, Asztalos M, Grøntved S, Nielsen RE. Quality assessment of a consultation-liaison psychiatry service. *BMC Psychiatry*. 2021;21(1):281.
  48. Lanvin V, Vulser H, Vinant V, et al. Early liaison psychiatry consultations and general hospital readmission: A retrospective cohort study. *Gen Hosp Psychiatry*. 2022;77:29–36.
  49. Oldham MA, Chahal K, Lee HB. A systematic review of proactive psychiatric consultation on hospital length of stay. *Gen Hosp Psychiatry*. 2019;60:120–6.
  50. Stein B, Müller MM, Meyer LK, Söllner W; CL Guidelines Working Group. Psychiatric and psychosomatic consultation-liaison services in general hospitals: A systematic review and meta-analysis of effects on symptoms of depression and anxiety. *Psychother Psychosom*. 2020;89(1):6–16.
  51. Toynbee M, Walker J, Clay F, et al. The effectiveness of inpatient consultation-liaison psychiatry service models: A systematic review of randomized trials. *Gen Hosp Psychiatry*. 2021;71:11–9.
  52. Vulser H, Vinant V, Lanvin V, Chatellier G, Limosin F, Lemogne C. Association between the timing of consultation-liaison psychiatry interventions and the length of stay in general hospital. *Br J Psychiatry*. 2021;218(4):204–9.
  53. Wood R, Wand AP. The effectiveness of consultation-liaison psychiatry in the general hospital setting: a systematic review. *J Psychosom Res*. 2014;76(3):175–92.
  54. Jansen L, van Schijndel M, van Waarde J, van Busschbach J. Health-economic outcomes in hospital patients with medical-psychiatric comorbidity: A systematic review and meta-analysis. *PLoS One*. 2018;13(3):e0194029.
  55. Livneh H, McMahon BT, Rumrill PD. The duality of human experience: perspectives from psychosocial adaptation to chronic illness and disability—historical views and theoretical models. *Rehabil Couns Bull*. 2019;62(2):67–77.
  56. de Almeida PA, de Almeida LY, Vesga-Varela AL, et al. Mental health nursing consultations in Brazilian primary care: Analysis of proposed competencies for advanced practice nurses. *BMC Prim Care*. 2025;26(1):66.
  57. Tsuji S, Fujii K, Ando M, et al. Impact of a psychiatric nurse specialist as a liaison for pregnant women with mental disorders. *Tohoku J Exp Med*. 2021;253(2):95–9.
  58. Wand T, Collett G, Cutten A, Buchanan-Hagen S, Stack A, White K. Patient and clinician experiences with an emergency department-based mental health liaison nurse service in a metropolitan setting. *Int J Ment Health Nurs*. 2020;29(6):1202–17.
  59. Bernier P, Desjardins L, Charette MC, Harnois J, Poirier É, Daigle K. The role of mental health nursing in pediatric hematology/oncology – Part 3: Evaluating feasibility, acceptability, and appreciation. *Can Oncol Nurs J*. 2024;34(4):505–22.
  60. Schindler E, Winner K, Nahhas RW, Maione G, Jamison A, Blankenship K. Proactive psychiatry: Innovating the delivery of consultation-liaison services in a pediatric hospital. *J Acad Consult Liaison Psychiatry*. 2024;65(5):431–40.
  61. Semerci R, Sarıbudak TP, Çalışkan BB, Dalmış NA, Yıldız G, Kapanıcı M. The effect of mindfulness-based stress reduction on pediatric oncology nurses' stress level, and pediatric oncology patients' psychosocial symptoms and care satisfaction: A prospective non-randomized trial. *Holist Nurs Pract*. 2024.
  62. Yıldırım S, Uslu E, Kuzucu G, Demir C. Investigation of evaluations of nurses working in children's hospital on psychosocial care and consultation-liaison psychiatry nursing. *Int J Caring Sci*. 2020;13(1):392–402.
  63. Yıldırım S, Şimşek E, Geridönmez K, Basma Ş, Vurak Ü. Examination of the knowledge and practices of nurses about consultation liaison psychiatry nursing. *J Psychiatr Nurs*. 2019;10(2):96–102.
  64. Çekiç Y, Demiray T, Yıldırım N. Manager nurses' views on the employment of consultation-liaison psychiatry nurses: A qualitative study. *J Psychiatr Nurs*. 2024;15(4)