

Where have Neurology and Psychiatry been successfully integrated?

Neurology and psychiatry have been **successfully integrated** in neuropsychiatry wards, liaison services, dual-training programs, and joint research initiatives

Neurology and psychiatry have been integrated across clinical, educational, and research settings, though the evidence base for each domain varies in maturity (Taslim et al., 2024; Accorroni et al., 2025; Perez et al., 2018).

Clinical Service Models

Integrated neuropsychiatry wards and liaison services represent the most concrete examples of successful clinical integration. Brazil's first Neuropsychiatry Ward (ENPQ) at the Institute of Psychiatry, Hospital das Clínicas, University of São Paulo opened in December 2024 and demonstrated feasibility in a public quaternary hospital, with a 30-day readmission rate of 7.6% — lower than both general psychiatric wards (~16%) and tertiary neurology wards (~12.5%) (Lacerda et al., 2025). Internationally, the Division of Neuropsychiatry and Neuromodulation at Massachusetts General Hospital, the Division of Neuropsychiatry at Brigham and Women's Hospital, and the North Staffordshire Neuropsychiatry Service in the United Kingdom demonstrate that specialized neuropsychiatry services extend beyond major academic centers to regional settings (Lacerda et al., 2025).

Model	Location	Key Feature
ENPQ Neuropsychiatry Ward	São Paulo, Brazil	First in Latin America; 7.6% readmission rate (Lacerda et al., 2025)
Oxford integrated model	Oxford, UK	Embeds psychiatry within neuroscience teams (Asim & Miah, 2026)
Liaison neurology in-reach	UK mental health setting	Neurology embedded within psychiatric care (Ward et al., 2025)
Mass General / Brigham divisions	Boston, USA	Neuromodulation and multidisciplinary care (Lacerda et al., 2025)

FIGURE 1 Integrated neuropsychiatry clinical service models across four countries

In the UK, integrated neuropsychiatry services such as the Oxford model show the greatest clinical and economic promise by embedding psychiatry within neuroscience teams, though scalability remains constrained by workforce shortages and fragmented commissioning (Asim & Miah, 2026). Specialist inpatient neuropsychiatry units improve outcomes through multidisciplinary care but are geographically limited, while liaison psychiatry services are present in over 90% of UK hospitals with emergency departments yet often fall short of recommended staffing (Asim & Miah, 2026). A liaison neurology in-reach service established in 2021 within a UK mental health setting addressed the reverse direction — bringing neurological expertise into psychiatric care — recognizing that dualistic service organization drives geographic and resource separation inconsistent with illness biology (Ward et al., 2025).

Training and Education

- **Dual residency programs** in neurology and psychiatry, which increased in popularity from the 1980s onward, produce graduates with overwhelmingly positive attitudes toward their combined training (Benjamin, 2023).
- In the first decade of the American Board of Psychiatry and Neurology (1935–1945), **36% of certified physicians** held certification in both neurology and psychiatry (Benjamin, 2023).
- The subspecialty of **Behavioral Neurology & Neuropsychiatry** is positioned to lead the next generation of clinicians in merging brain science with psychological and social-cultural factors (Perez et al., 2018).
- Integrated curricula that combine neurobiological substrates with behavioral concepts throughout medical education can produce clinicians better equipped to diagnose diseases spanning both fields (Bradaric et al., 2020).

Research and Conceptual Integration

Advances in neuroimaging, genetics, immunology, and neuropharmacology have revealed shared neural circuitry, genetic factors, and neuroinflammatory processes across conditions traditionally split between neurology and psychiatry (Accorroni et al., 2025; Grazzia et al., 2026; Wasserman et al., 2025). The interests of both fields converge within the framework of modern neuroscience, as the tools, questions, and theoretical frameworks they employ increasingly overlap (Martin, 2002). Joseph Martin's seminal 2002 analysis used Alzheimer's disease and Tourette's syndrome to illustrate how conditions viewed from neurologic versus psychiatric perspectives benefited differently from integrated scientific approaches (Martin, 2002).

Epilepsy neurosurgery represents a domain where integration is already standard practice, incorporating neuropsychology consultation with psychometric testing as part of the neurological assessment to define risk profiles and improve surgical outcomes (Salpekar et al., 2025). The World Psychiatric Association and World Federation of Neurology have collaborated to advocate for integrated brain health policies, joint education curricula, and interdisciplinary research (Wasserman et al., 2025). In Poland, mutual adoption of neuroimaging, neurophysiology, and neurogenetics methods reflects worldwide attempts at joint education and clinical cooperation between the specialties (Sobański & Dudek, 2013).

Despite these successes, collaboration between neurology and psychiatry remains sparse in clinical practice, training, and policy development (Accorroni et al., 2025). Most centers continue to operate in isolation, with psychiatry and neurology maintaining largely separate clinical and academic pathways (Salpekar et al., 2025; Lacerda et al., 2025). The evidence thus supports integration as feasible and beneficial where implemented, but scaling these models requires workforce expansion, unified funding mechanisms, and cross-specialty training to overcome entrenched structural divisions (Asim & Miah, 2026).

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