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Inpatient psychiatry

April 2026

The scope of this current awareness bulletin is inpatient psychiatric care and patient discharge. The bulletin focuses on administration and organisation of inpatient psychiatry rather than psychiatric treatment itself.

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References

Berge J., et al. (2026) '[Time to Suicide After Psychiatric Inpatient Discharge: A Nationwide Swedish Survival Analysis.](#)' *BMC Psychiatry* 26(1) (pagination), Article Number: 213. Date of Publication: 01 Dec 2026.

Background: The period immediately following psychiatric inpatient care is recognized as a time of elevated risk of suicide, yet little is known about factors that influence how soon suicide occurs after discharge.

Aim(s): To examine the timing of suicide among persons after psychiatric discharge and identify sociodemographic and clinical factors associated with a shorter time to death by suicide.

Method(s): We included all adults in Sweden who died by suicide in 2015 and who had been discharged from psychiatric inpatient care during the last three months of life (n = 140). Sociodemographic and clinical variables were extracted from electronic medical records, including contextual factors from the last hospitalization (involuntary care, documented suicide risk, unplanned discharge). Time to suicide was modelled using stratified Cox proportional hazards regression.

Result(s): The median time from discharge to death was 32 days. Older age was the only background factor independently associated with a shorter time to suicide; each additional 10 years of age was associated with shorter time to suicide, as indicated by an increased unadjusted hazard ratio (uHR) of 1.26 (95% CI: 1.12-14.2, p <.001). A diagnosed neurotic, stress-related and somatoform disorder (ICD-10 code F40-

F49) was associated with a longer time to suicide (uHR = 0.68 (0.47-0.98), $p = .036$), although this association was not statistically significant when adjusting for age (aHR 0.82, 0.56-1.20, $p = .310$). Previous suicide attempts, sex, substance use disorder and depressive disorders were not associated with time to suicide. Neither involuntary care nor the presence or absence of a formal suicide risk assessment during inpatient stay predicted earlier suicide. Unplanned discharges were likewise unrelated to the time to suicide.

Conclusion(s): Among people who died by suicide within three months of psychiatric discharge, only older age independently predicted a shorter time to suicide. The absence of clear signals-particularly from routinely collected risk assessments-suggests that timely, universal follow-up may be more appropriate than attempts to target aftercare on the basis of standard risk markers. Clinical trial number: Not applicable.

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Elliott E., et al. (2025) '[Physical Activity Interventions for Hospitalised People Living with Dementia: Systematic Review and Meta-Analysis.](#)' *European Geriatric Medicine* 16(6), 2021–2031.

Aim: The aim of this review was to examine the effectiveness of hospital-based interventions involving physical activity on deconditioning outcomes in people living with dementia.

Finding(s): In pooled analyses, there was less decline in independence in basic activities of daily living at 3 months (change from pre-admission status) in the physical activity group, but there were no differences in all other outcomes at discharge or 3 months, compared to usual care. Certainty of this evidence is low or very low, so results might be expected to change if additional high-quality studies are conducted. Message: There is uncertainty about the effect of physical activity interventions above usual care and more high-quality work with people living with dementia is needed.

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Franklin E.V., et al. (2026) '[The Relationship between Personality Psychopathology Features and Readmission Rates among Adolescents with Anorexia Nervosa Admitted to a Medical Inpatient Eating Disorder Unit.](#)' *Personality and Mental Health* 20(1), e70067.

Many features of personality psychopathology are shared among patients with Anorexia Nervosa (AN), yet the impact of these shared features is not fully understood, and the impact of having more personality psychopathology features during adolescent onset of AN, especially among adolescents admitted to an inpatient eating disorder unit, has not been explored. This study evaluated how personality psychopathology, utilizing a measure of borderline personality disorder (BPD) symptom severity, has a potential predictive value in understanding risk of readmission for an eating disorder over time. A total of 256 adolescents were

admitted for medical stability to an inpatient unit for the first time. Adolescents completed the Borderline Personality Features Scale for Children-11 (BPFSC-11) within the first 14 days of admission; demographic variables, anxiety and mood comorbidities, and readmission status were obtained through chart review. Higher scores on the BPFSC-11 were significantly associated with being readmitted within 1 year of discharge from the inpatient unit. These findings highlight how personality psychopathology features at onset of severe AN in adolescence could indicate a higher risk for recovery complications, including repeated inpatient admission. These findings may underscore the role of supplementary therapeutic interventions alongside family-based therapy, including dialectical behavior therapy.

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Furnes D., et al. (2026) '[Predicting Suicide in Patients Who have Received Acute Psychiatric Inpatient Treatment - the Longitudinal and Prospective SIPEA Study.](#)' *Journal of Psychiatric Research* 195, 257–263.

Suicidality (suicidal ideation and -plans (SI) and deliberate self-harm (DSH)), has been extensively studied in different patient populations. Fewer studies have examined predictors of suicide within an extensive longitudinal frame, which is problematic since findings from studies including participants with non-lethal suicidal behavior are not easily generalizable to patients that complete suicide. We aimed to address this gap by examining demographic and clinical factors as predictors of suicide in a longitudinal prospective cohort study of 7,000 consecutively admitted patients. Mean observation time was 4.1 years. Male gender, more frequent admissions during the follow-up period, and having SI, DSH and substance-induced psychosis at the final admission before suicide, directly predicted shorter time to suicide. Shorter time to suicide was indirectly predicted by borderline personality disorder (BPD) via DSH and by psychotic depression and neurotic disorders via SI. In contrast, longer time to suicide was indirectly predicted by substance-induced psychosis and psychotic disorders via reduced probability of SI and DSH at the final admission. Patients diagnosed with BPD had more frequent admissions and higher levels of SI and DSH across admissions, which predicted shorter time to suicide via increased risk of DSH at the final admission. Similarly, patients diagnosed with neurotic disorders had a higher level of SI and DSH across admissions, with shorter time to suicide via SI and DSH at the final admission. Findings suggest different pathways to suicide for different clinical subgroups, and this is discussed in relation to current theoretical models that emphasize suicide as a transdiagnostic phenomenon.

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Haller N.M., et al. (2026) '[Living Space Mobility and Liberty Deprivation Measures among Residents with Dementia in Long-Term Inpatient Care: A Longitudinal Study.](#)' *Nursing Open* 13(1), e70433.

OBJECTIVES: The aim of this study was to investigate the living space mobility among people with and without dementia and the influence of liberty-depriving measures on living space mobility. **DESIGN:** This empirical quantitative study used a longitudinal design.

METHOD(S): Residents in five inpatient long-term care facilities were examined over a period of 6 months, including individuals with and without dementia. Data were collected at three time points between October 2023 and July 2024. Living space mobility was assessed by nursing staff using the Heidelberg Instrument for Assessing the Quality of Life of People with Dementia (H.I.L.D.E.), and the liberty deprivation measures were assessed by analysing medical records. The data were statistically analysed to obtain frequencies and to examine group differences.

RESULT(S): There was a significant correlation between living space mobility and dementia diagnosis: residents with dementia mainly stayed within their living area, whereas residents without dementia had a greater range of movement, including outside the facility. A significant correlation between liberty deprivation measures and dementia diagnosis could not be established. However, living space mobility was significantly associated with the use of liberty deprivation measures regardless of dementia status.

CONCLUSION(S): The results highlight the importance of living space mobility for residents with dementia and emphasise the influence of liberty deprivation measures. Further longitudinal studies with larger samples and alternative survey methods are necessary to investigate these relationships in greater depth.

IMPLICATIONS FOR THE PROFESSION AND/OR PATIENT CARE: For professional care, it is important to promote the mobility and well-being of residents, regularly review freedom of movement and implement strategies for participation and autonomy in order to increase the quality of care. **IMPACT:** The results emphasise the importance of mobility promotion in dementia care and the critical reflection of liberty deprivation measures in long-term inpatient care. Larger longitudinal studies are recommended to clarify the causal relationships. **REPORTING METHOD:** The methods and results of this study were reported in accordance with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines. **PATIENT OR PUBLIC CONTRIBUTION:** The study participants were recruited after being informed about the study and providing their consent.

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Heapy C., et al. (2026) '[Experiences of Suicidality Following Discharge from a Mental Health Inpatient Unit: A Systematic Review and Meta-Synthesis.](#)' *Clinical Psychology & Psychotherapy* 33(1), e70234.

People are at increased risk of suicide following discharge from inpatient mental health units. Understanding the reasons for this increased risk is important for reducing the number of people who die by suicide. Whilst reviews of quantitative research have identified risk factors, no reviews of the qualitative literature exist

which could provide more nuanced explanations of elevated suicide risk during the post-discharge period. This systematic review is the first to meta-synthesise qualitative research on experiences of suicidality after being discharged from inpatient mental health units. We searched PsycINFO, MEDLINE, Web of Science, PubMed and ProQuest using relevant search terms. We identified 29 studies that met inclusion criteria and were included in the review. We analysed the data using thematic synthesis and identified five analytic themes: (1) Feeling prepared for the transition home, (2) Returning from safety to everyday hardship, (3) The need for connection and understanding, (4) Feeling neglected by the system, (5) Taking the reins on recovery. This review indicates that reducing post-inpatient discharge suicides could be achieved through collaborative discharge preparation, immediate and intensive post-discharge support, and empowering service-user recovery. Copyright © 2026 The Author(s). Clinical Psychology & Psychotherapy published by John Wiley & Sons Ltd.

Herpertz J., et al. (2026) '[Prioritizing Clinical Data for Psychiatric Inpatient Dashboards: Insights from a Nationwide Survey of German University Centers.](#)' *Frontiers in Digital Health* 7(pagination), Article Number: 1617116. Date of Publication: 2026.

Introduction: As digital data collection becomes increasingly integrated into the treatment of patients with affective disorders, the use of dashboards to visualize this information for clinicians is gaining importance. However, the question of which parameters should be prioritized for display remains largely unaddressed. This study aims to identify the parameters that physicians working in psychiatric facilities consider most important for inclusion in dashboard infrastructures supporting the inpatient care of patients with affective disorders.

Method(s): From July 2024 to August 2024, we conducted a survey among 57 physicians working in psychiatric facilities at German university centers with varying levels of experience. We asked them to rank the relevance of 22 pre-specified key clinical parameters for digital dashboard displays. Additionally, we assessed whether characteristics such as gender, age, years of professional experience, and professional seniority influenced these preferences.

Result(s): Forty-six physicians (80%) physicians completed the data entry. Across the sample, current suicidality emerged as the most important parameter to clinicians. Other highly ranked parameters included information on previous pharmacological antidepressant treatment attempts and data on the course of disease such as year of onset and the number of episodes. The influence of clinician-related factors on parameter prioritization was limited, supporting the generalizability of the findings.

Discussion(s): Our findings provide practical guidance for the refinement of digital dashboards tailored to the clinical needs in the treatment of affective disorders. Future research should incorporate the perspectives of the entire multidisciplinary

care team and evaluate the feasibility and clinical integration of such dashboards to ensure their broader applicability and effectiveness in routine practice.

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Hu J.M., et al. (2026) 'An Action-Based Psychosocial Group Intervention in Psychiatric Inpatient Care: A Pragmatic Add-on Study to Talk-Based Psychotherapy.' *Healthcare (Switzerland)* 14(5) (pagination), Article Number: 687. Date of Publication: 01 Mar 2026.

Highlights: What are the main findings? An action-based psychosocial group intervention (psychodrama) was feasible to deliver as a pragmatic add-on to routine talk-based psychotherapy (TBP) in an acute inpatient setting, allowing for the exploratory observation of symptom trajectories under real-world constraints. While exploratory observations noted pre-to-post changes in internalizing and depressive symptom scores, between-group comparisons did not show statistical differences compared to TBP alone; however, the results support its practical viability as an additional clinical option. What are the implications of the main findings? MDT co-facilitation of psychodrama broadens feasible psychosocial pathways, particularly for inpatients who may have difficulty sustaining exclusively verbal engagement during acute crises. Embedding action-based modalities alongside routine TBP may support MDT coordination and implementation of diversified, patient-centered psychiatric rehabilitation pathways within real-world ward workflows. **Background/Objectives:** Psychiatric inpatient care emphasizes pharmacological stabilization, yet psychosocial interventions remain essential for addressing complex emotional, interpersonal, and behavioral needs. While talk-based psychotherapy (TBP) is standard inpatient psychosocial care, some patients face barriers to exclusively verbal engagement during acute crises. This study examined the feasibility and implementation of psychodrama as a pragmatic add-on to routine inpatient TBP under real-world ward conditions.

Method(s): A quasi-experimental pragmatic add-on design was used (N = 84). All participants received routine TBP; the experimental group (n = 47) additionally participated in psychodrama co-facilitated by a multidisciplinary team (MDT). Outcomes were assessed using the ASEBA-ASR. Non-parametric tests with effect sizes and 95% confidence intervals were used to evaluate pre-post symptom changes over four weeks, and between-group differences were assessed using change-score comparisons.

Result(s): Both groups demonstrated significant within-group symptom reductions following the intervention. However, between-group comparisons of change scores showed no statistically significant differences (all $p > 0.05$), with small effect sizes and confidence intervals including zero.

Conclusion(s): Psychodrama appears feasible to implement as an action-based psychosocial add-on in acute inpatient settings. Although statistical superiority over

TBP alone was not demonstrated, the intervention allowed for the characterization of symptom trajectories under real-world constraints, suggesting that psychodrama may represent an action-based option to diversify psychosocial pathways within MDT-delivered care. Future adequately powered studies are needed to examine how action-based modalities may fit within multidimensional, complexity-informed inpatient care pathways.

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Johnston M.S., et al. (2026) "It was a very Pleasant Surprise": Exploring Public Safety Service Users' Experiences with Inpatient Mental Health Treatment and Recovery. *Journal of Clinical Psychology* 82(4), 585–593.

OBJECTIVES: Mental health service users are responsible and autonomous individuals who can comprehend their own illness and recovery and therefore engage healthcare professionals in their care. Studies have demonstrated how service users feel more dignified, safe, and respected during mental health treatment when they are listened to by their caregivers and included in treatment decision-making. The physical space and design of mental health facilities, as well as the approach to care and treatment, have been found to have positive implications for service users' treatment and recovery, both in contemporary and historical settings. Thus, understanding service user perspectives is necessary because these experiences may shed light on best treatment practices.

METHOD(S): The current study engages interview data produced by public safety professionals—who are often exposed throughout the course of their service and duties to potentially psychologically traumatic events—who were receiving inpatient care for trauma and, in some circumstances, substance misuse at Edgewood Health Network's Guardians Gateway facility. Framed through the sociology of mental health literature, we qualitatively explore how these service users experienced the physical and psychological aspects of the treatment space.

RESULT(S): We found their experiences of recovery at this facility led to new conceptions of mental health treatment, including overcoming stigma, personal growth, and encouragement to try new activities and programs tailored to their individualized mental health needs.

CONCLUSION(S): We discuss how their lived experiences provide novel insights into best care practices for public safety personnel in Canada.

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Karlsson J., et al. (2026) 'Exploring the Impact of Safewards on Aggression and Coercion in Psychiatric Inpatient Care: Findings from a Swedish Longitudinal Quasi-Experimental Trial.' *International Journal of Mental Health Nursing* 35(1), e70228.

Coercive measures in psychiatric inpatient care remain controversial and are often associated with negative experiences for both patients and staff. The Safewards

model aims to reduce conflict and containment by fostering a safer and more therapeutic ward environment. However, evidence regarding its effectiveness is mixed. This study investigated the implementation and impact of Safewards in nine Swedish psychiatric inpatient wards, focusing on coercive measures, aggressive incidents, and the normalisation of the intervention. A quasi-experimental, longitudinal design with comparison wards was used. Data were collected through administrative records on coercive measures, staff surveys for incident reports (SOAS-R), and normalisation (S-NoMAD). Mixed model regression analyses assessed changes over time in coercive measures. Wards implemented between two and five Safewards interventions. No statistically significant reductions were found in coercive measures or aggressive incidents. Although the effects on mechanical restraint were not statistically significant, the significant increase in normalisation and the declining trend in mechanical restraint suggest a potential shift. Partial implementation and contextual challenges likely restricted the model's full impact. The study was reported according to the TREND checklist.

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Kim Y., and Nam, S. H. (2026) '[Experiences of Mental Health Nurses in Providing Care to Inpatients with Suicidal Behaviours in Psychiatric Care Settings: A Meta-Synthesis of Qualitative Research Studies.](#)' *International Journal of Mental Health Nursing* 35(1), e70233.

Understanding the context and challenges of psychiatric nursing care is essential for optimising patient outcomes and ensuring effective suicide prevention. While mental health nurses play a pivotal role in caring for inpatients with suicidal behaviours, research on their experiences and perspectives remains fragmented. This study aimed to synthesise qualitative studies on the experiences of mental health nurses in providing care to inpatients with suicidal behaviours. Manual searches were performed across five electronic databases. Nine eligible studies were identified and analysed using the thematic meta-synthesis approach proposed by Thomas and Harden. Four main themes were identified, as follows: (a) clinical challenges and limitations in managing suicidal behaviours; (b) negative emotional responses and strategies to cope with patient suicidal behaviours; (c) a strong sense of responsibility for patient safety as mental health nurses; and (d) a patient-centred approach in psychiatric nursing practice for patients with suicidal behaviour. This meta-synthesis highlights the critical role of mental health nurses in providing care to patients with suicidal behaviours, emphasising challenges such as unpredictable suicide risk, perceived lack of professional competence, emotional distress and the struggles of patient safety. Enhancing the effectiveness of mental health nurses' suicide prevention services may require implementing structured training for suicide behaviour management, establishing institutional support systems, adopting a patient-centred nursing care approach, and fostering multidisciplinary collaboration

focused on psychiatric care and patient outcomes.
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Kurtzman G., et al. (2026) '[Digital Interventions in Inpatient Psychiatry.](#)' *Journal of Psychiatric Practice* 31(5), 238–244.

Digital mental health interventions for inpatient psychiatry show promise in improving outcomes. We provide a narrative literature review of studies that examined technology use and outcomes in patients admitted to inpatient psychiatric settings. Overall, the studies demonstrated that technology-smartphones, wearables, tablets, apps-are feasible for use by and acceptable to patients who are receiving mental health care in inpatient psychiatric settings. Given its acceptability, technology offers another strategy and tool for implementing evidence-based practices (eg, psychotherapies) as well as for translating science (eg, findings regarding neuroscience and psychophysiology) into direct practice in inpatient psychiatric settings, ultimately improving outcomes.

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Liu K., et al. (2026) '[Healing Spaces: A Retrospective Cohort Study on the Effect of Outdoor Spaces in Psychiatric Inpatient Units on PRN Medication use, Seclusion/Restraints, and Constant Observation.](#)' *Frontiers in Psychiatry* 16(pagination), Article Number: 1731925. Date of Publication: 2026.

Background: This retrospective chart review investigated the differential correlation of outdoor space accessibility with as-needed (PRN) medication use, constant observation (CO), and seclusion/restraint across a geriatric psychiatry unit (Unit A) and a general psychiatry unit (Unit B). While the influence of psychiatric facility design on patient aggression has been explored, empirical investigation specifically into the correlation of outdoor space accessibility with aggression in psychiatric inpatients, remains limited.

Method(s): We compared the use of oral and intramuscular PRN medications, seclusion/restraint, and CO during periods of outdoor space accessibility (2022-2023) versus inaccessibility (2024). Outdoor space was inaccessible for Unit A from January 31 to April 18, 2024, and for Unit B from February 12 to May 6, 2024. The analysis was conducted assuming no other significant confounding changes in unit operations or patient populations during the study period. A single factor ANOVA analysis was chosen, but to control the family-wise error rate due multiple comparisons, a Bonferroni correction was applied.

Result(s): On unit B, outdoor space inaccessibility was significantly associated with higher IM PRN use (mean difference = 1.57 orders/day, 95% CI [0.81, 2.33]), seclusion and restraint (mean difference = 0.63 orders/day, 95% CI [0.35, 0.91]), and CO (mean difference = 0.40 orders/day, 95% CI [0.17, 0.63]), with no significant change in PO PRN. On unit A, outdoor space inaccessibility was associated with an increase in PO PRN use (mean difference = 0.64 orders/day, 95% CI [0.26, 1.02]), but IM PRN, seclusion and restraint, and CO did not show a statistically significant

change.

Conclusion(s): The loss of accessible outdoor space appears to influence general adult psychiatric patients more broadly, contributing to an increased reliance on restrictive interventions. This is hypothesized to be due to reduced opportunities for self-regulation, personal space, and distancing from stressors. Staff perceptions of limited environmental de-escalation options may also play a role in intervention use. Geriatric patients, due to their inherent lower mobility and activity levels, showed an increase in PO PRN use. These findings underscore the potential role of accessible outdoor spaces in promoting patient well-being and potentially minimizing the need for coercive measures in acute psychiatric settings.

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Odegard K.B., et al. (2026) '[Discharge from Mental Health Service Admissions as a Short-Term Causal Risk Factor for Suicide: A Case-Crossover Study.](#)' *Journal of Psychiatric Research* 194, 174–180.

Background: The month following discharge from inpatient mental health treatment is the period associated with the highest short-term risk of suicide. The nature of this risk is not well understood. We aim to assess a potential short term causal effect of discharge on suicide risk using a novel counterfactual framework for causal inference.

Method(s): National registry linkage study with individuals 18 years or older who died by suicide from 1.1.2018 to 31.12.2022 and was discharged in the last year (N = 731). We used a Case-crossover design comparing risk at a case-time and five randomly selected control-times within subjects and employed the Mantel-Haenszel estimator.

Result(s): We found an effect of discharge on the Incidence Rate Ratio (IRR) for suicide within 14 days (IRR = 5.48 95 % CI:4.37-6.72). Comparing the first four weeks, the IRR was 6.32 (95 % CI 4.87-8.00) for the first week, with significantly reduced risk for subsequent weeks.

Conclusion(s): Our findings are consistent with a causal effect of discharge on short-term suicide risk, under the assumptions described and controlling for confounders not addressed in prior studies. Recognizing this risk as causal enhances our understanding of the suicides that happen shortly after discharge and emphasizes the importance of identifying realistic targets for intervention in the post discharge period, which can then be evaluated through clinical trials.

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OlarteGodoy J., et al. (2026) '[Psychosocial Interventions Targeting Suicidality within Inpatient Psychiatry: A Scoping Review.](#)' *Journal of Mental Health* 35(1), 107–126.

Background: The week following discharge from inpatient psychiatry is a time of exponentially increased risk of death by suicide among people diagnosed with a mental illness. Yet, a significant number of individuals do not receive timely

outpatient follow-up upon being discharged from hospital. Psychosocial interventions that target suicidality initiated within inpatient psychiatry may help to prepare individuals for this vulnerable transition.

Aim(s): To explore the range and nature of research on psychosocial interventions targeting suicidality in the context of inpatient psychiatry and to identify the components and intended mechanisms of studied interventions as well as their mode and dose of delivery, adaptations, outcomes measured, and overall results.

Method(s): This scoping review was conducted in accordance with the Joanna Briggs Institute (JBI) methodology for scoping reviews and in line with the Preferred Reporting for Systematic Reviews and Meta-Analyses extension for Scoping reviews. Studies that described psychosocial interventions initiated in adult psychiatric inpatient units aimed at addressing suicidality were included.

Result(s): A total of 77 articles were included in the review, most of which employed quantitative research methods, were published after 2019, and were conducted in the United States. Most interventions studied were based on cognitive behavioral approaches, incorporated a review of factors that led to a person's suicidality, strategies for managing emotions, and safety planning. Participants' narratives as to what was helpful for them centred around the themes of being acknowledged, being listened to, and increasing self-awareness.

Conclusion(s): Cognitive behavioral therapy underlies most interventions targeting suicidality in inpatient psychiatry. There is a need for research that explores patients' experiences of engaging in specific suicide targeted interventions and that sheds light on the relational aspect of interventions targeting suicidality.

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Russotto S., et al. (2026) '[Patient Safety Incidents in the Psychiatric Inpatient Setting: Determinants, Consequences, and Strategies. A Systematic Review.](#)' *Frontiers in Psychiatry* 16(pagination), Article Number: 1703768. Date of Publication: 2026.

Introduction: Patient safety in psychiatric inpatient settings remains an underexplored area despite the heightened vulnerability of this population to preventable harm. This review aimed to provide an updated and comprehensive overview of Patient Safety Incidents (PSIs) in psychiatric inpatient settings, identifying their types, contributing factors, preventive strategies, consequences, and mitigating actions.

Method(s): A systematic search was conducted in PubMed, Embase and Scopus for primary studies published from 2000 onward. A total of 92 studies were included.

Data were synthesized using the World Health Organization's International Classification for Patient Safety as the guiding framework.

Result(s): The most frequently reported PSIs included behavior-related incidents (self-harm, suicide attempts, and patient aggression), medication-related events, and patient falls. Contributing factors were predominantly linked to patient characteristics (e.g., psychiatric symptoms), staff performance and communication issues,

organizational shortcomings (e.g., inadequate protocols), and environmental hazards (e.g., unsafe physical infrastructure). Preventive actions primarily focused on improving safety culture, staff training, and environmental modifications. However, only a minority of studies described intervention outcomes or reported quantitative data.

Conclusion(s): This review highlights significant gaps in evidence-based interventions tailored to psychiatric care, as well as a lack of research from long-term care settings and low- and middle-income countries. To enhance patient safety in psychiatry, future efforts should prioritize the development and implementation of targeted strategies, multidisciplinary collaboration, integration with general patient safety initiatives, and robust quantitative evaluation. Strengthening safety culture across psychiatric facilities is essential to reduce harm and improve care quality for this high-risk population. Systematic Review

Registration: <https://www.crd.york.ac.uk/PROSPERO/>, identifier CRD42023389235. Copyright © 2026 Russotto, Conti, Masini, Tempia Valenta, Vanhaecht, Mira and Panella.

Schroder A., et al. (2026) 'The Role of Burnout in Mental Health Professionals' Perception of Psychiatric Inpatient Care Quality.' *Issues in Mental Health Nursing* 47(1), 85–92.

A review of the existing literature shows that although numerous factors influence the quality of care, only a few have been thoroughly investigated as potential mediators impacting mental health professionals' perceptions of quality in psychiatric inpatient care. This study aimed to explore how burnout mediates the relationship between individual characteristics, ward environment conditions and professionals' perceptions of the quality of psychiatric care patients receive. A total of 117 professionals from two Norwegian health trusts participated in the study. Data were collected through an online questionnaire comprising validated instruments measuring quality of care, job satisfaction, perceived stress and burnout while collecting background information on sociodemographic and work-related factors. The relationships between these variables were analyzed using univariate and multiple regression analyses. The results showed that professionals who were open for developing quality work, found their work stimulating, had sufficient time for tasks and were satisfied with their job reported lower levels of burnout. In turn, burnout was associated with lower perceived quality of participation and secure environment. Overall, professionals generally rated the quality of care as high. These findings provide insights for designing interventions to improve workplace conditions, reduce risk of burnout and enhance the quality in psychiatric inpatients settings.

Shinton R., and Ledwith, S. (2026) 'Non-Qualified Staff's Experience of Suicidal Behaviour in Adult Mental Health Inpatient Services.' *Omega* 92(4), 1735–1753.

Suicide and attempted suicide of people receiving care in Adult Mental Health Inpatient Services (AMHIS) leads to significant emotions amongst mental health

professionals, characterised by guilt and shame. A sense of responsibility occurs due to hospital being seen as a safe place. However, little is known about what it is like for 'non-qualified' staff. This study explored experiences of suicide and attempted suicide on 'non-qualified' staff in AMHIS. Semi-structured interviews explored ten staff's experiences. Participants were recruited online and transcripts were analysed using Reflexive Thematic Analysis. Four themes were identified; 'Direct personal impact', 'Unrealistic expectations', 'Attempting to contain the impact' and 'Acclimatisation'. Ten sub-themes outlined; responsibility for assessing risk, shame and protective strategies to aid acceptance. The results provide insight into the unique experience of non-qualified staff in AMHIS experiencing suicidal behaviour.

Sofi, G. (2026) 'High-Risk Adolescents Admitted to Acute Inpatient Psychiatric Care: A Retrospective Clinical Analysis of Severe Externalizing Psychopathology and Readmission.' *Frontiers in Psychiatry* 17(pagination), Article Number: 1756326. Date of Publication: 2026.

Background: Adolescents requiring acute inpatient psychiatric care for severe behavioral and emotional dysregulation represent one of the most clinically vulnerable populations within child and adolescent mental health services. While international studies have documented high rates of psychiatric morbidity among adolescents presenting with externalizing pathology and crisis-related admissions, region-specific data from Central and Eastern Europe remain limited. This study aimed to characterize the clinical mental health profile of high-risk adolescents admitted to acute inpatient psychiatric care and to examine patterns of hospitalization and readmission within this population.

Method(s): A retrospective cohort study was conducted at a national child and adolescent psychiatric inpatient unit in Hungary. Medical records of adolescents aged 10-19 years admitted between 2009 and 2019 under acute, medically indicated inpatient conditions, including cases involving police or judicial contact, were analyzed. Psychiatric diagnoses were established using standardized assessment tools, including the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-Kid), Child Behavior Checklist (CBCL), Strengths and Difficulties Questionnaire (SDQ), and PIERON Attention Test. Statistical analyses examined diagnostic prevalence, demographic characteristics, and readmission patterns, including Kaplan-Meier survival analysis of time to readmission.

Result(s): The final cohort consisted of 570 high-risk adolescents, predominantly male (72.1%), with a mean age of 15.3 years (SD +/- 2.1). Psychiatric morbidity was substantial, with conduct disorder (76.2%) and substance use disorders (78.4%) representing the most prevalent diagnoses. Attention-deficit/hyperactivity disorder (17.6%), oppositional defiant disorder (14.9%), post-traumatic stress disorder (10.1%), and psychotic disorders (3.2%) were also identified. One-quarter of participants experienced multiple hospital admissions. While gender was not significantly associated with readmission intervals, increasing age emerged as a

significant predictor of earlier readmission, indicating heightened clinical instability among older adolescents.

Conclusion(s): High-risk adolescents admitted to acute inpatient psychiatric care exhibit an exceptionally high burden of psychiatric disorders, dominated by severe externalizing and substance-related conditions. The findings suggest that acute hospitalization in this population reflects cumulative developmental and psychosocial vulnerability rather than isolated behavioral crises. These results underscore the need for integrated, trauma-informed, and developmentally sensitive psychiatric care pathways, with particular emphasis on early identification, continuity of care, and relapse prevention in clinically unstable adolescents.

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Sreeram A., et al. (2026) 'Australian Acute Inpatient Psychiatric Units' Mental Health Nurses' Attitudes Towards Consumers with Mental Illness: A Survey Analysis. *International Journal of Mental Health Nursing* 35(1), e70219.

People living with mental illness often face negative attitudes and discrimination in the community. Mental health professionals have an essential role to play in the stigma experienced by people living with mental illness, and their actions have the capacity to either reduce or exacerbate stigma. Despite providing professional care to consumers, negative attitudes towards mental health conditions are evident even among Mental Health Nurses (MHNs) working in acute inpatient psychiatric units. At the same time, few studies are focusing on Australian acute inpatient psychiatric units' MHNs' attitudes towards mental illness. This study aims to assess Australian acute inpatient psychiatric units' MHNs' attitudes towards mental ill health to develop an educational package to enhance or maintain their attitudes. This study used a survey design to assess MHNs' attitudes using the Mental Illness Clinicians' Attitude version-4 (MICA-v4) scale. The lower scores indicated more positive attitudes, and the higher scores indicated more negative attitudes towards mental illness. A Consensus-Based Checklist for Reporting Survey Studies (CROSS) is used to report the quality of this survey. The MICA-v4 was recorded and summed to understand the relationship between attitudes and variables for straightforward interpretation of the results. The relationship between the MICA-v4 scores and independent variables was explored using inferential statistics, including multivariate regression analysis. One hundred and three MHNs completed the MICA-v4 questionnaire using a face-to-face survey method. The results revealed that Australian mental health nurses working in the acute inpatient mental health settings showed positive attitudes towards mental illness. However, the relationship between the demographic variables and MICA-v4 showed that older age group nurses had more positive attitudes than younger nurses towards mental illness. At the same time, female nurses showed more positive attitudes towards mental illness than male nurses. In comparison, diploma-holding nurses showed more pessimistic attitudes towards mental illness than nurses holding higher qualifications. At the same time, enrolled

nurses reflected more negative attitudes towards mental illness than registered nurses. Nurses with many years of experience show more positive attitudes towards mental illness than less experienced nurses. In comparison, younger nurses with higher qualifications also showed more positive attitudes towards mental illness. The results of this study may inform policymakers and researchers about the need to develop strategies to enhance or maintain the positive attitudes of MHNs nationally. Future research is required to focus on the development of exemplary strategies to maintain positive attitudes as well as the enhancement of negative attitudes among MHNs.

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Wittink M., et al. (2025) 'Hospital Outcomes for Patients with Psychiatric Comorbidities: A Comparison of an Integrated Medical-Psychiatry Unit and Traditional Medical Units.' *Population Health Management* 28(6), 281–287.

Patients with co-occurring medical and psychiatric conditions often face fragmented care and prolonged hospitalizations in traditional medical units (MUs). Integrated medical-psychiatry units (MPUs) offer a model of concurrent care that may better meet the needs of these patients, but limited data exist on which patient populations benefit most. This study retrospectively compared outcomes for patients with psychiatric conditions discharged from an MPU versus traditional MUs within a single academic medical center between 2019 and 2023. Subgroups included patients presenting with suicidal ideation (SI) or toxic overdose (OD). Primary outcomes were length of stay (LOS) and discharge to the community. MPU patients were younger, more likely to be on Medicaid, and had significantly higher rates of psychotic, mood, substance use, and cognitive disorders (all $P < 0.001$). Despite this higher psychiatric complexity, MPU patients had shorter LOS and higher rates of discharge to home than their counterparts on general MUs, even after adjusting for demographic and clinical differences. Among patients with SI, those on the MPU had an average LOS of 5.5 days compared to 6.7 days in traditional units ($P = 0.006$). These findings highlight the effectiveness of MPUs in managing complex, high-need patients and support the broader implementation of integrated, interdisciplinary care models to improve hospital outcomes and care transitions for vulnerable populations. Copyright 2025, Mary Ann Liebert, (NY) LLC.

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