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Inpatient psychiatry

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References

Awara M., and Green, J. T. (2025) 'Exploring the Quality-of-Care Dynamics of Inpatient Psychosocial Rehabilitation in Community-Based Mental Health Services: A Comprehensive Analysis.' *Community Mental Health Journal 61*(1), 55–58.
This study aims to investigate the intricacies of inpatient psychosocial rehabilitation by examining a community-based mental health inpatient rehabilitation service in Nova Scotia, Canada. It provides a comparative analysis with national standards using the Quality Indicator for Rehabilitative Care (QuIRC) and offers recommendations for improvement. The study will link findings to research on enhancing specific domains, focusing on strategies to address identified challenges and leverage opportunities to meet or exceed national benchmarks in promoting recovery and social inclusion. This study utilizes the QuIRC as a primary assessment tool to evaluate the quality of care in psychiatric and psychosocial rehabilitation care unit. The QuIRC assessment findings reveal crucial insights across several domains, including the living and therapeutic environment, treatments and interventions, self-management and autonomy, social interface, human rights, and recovery-based practices. The study identifies strengths and areas for improvement by comparing unit scores with national averages in Canada, offering a detailed examination of the quality of care provided in a community-based psychosocial rehabilitation service. Using the QuIRC identifies strengths and areas for improvement of current care provided, opening opportunities for positive change and improved quality of care. By highlighting the critical indicators of the quality of care and best practices derived from the QuIRC assessment, this study provides practical insights that can be directly applied by practitioners, policymakers, and

stakeholders, fostering an understanding of essential elements that support effective mental health rehabilitation within community settings.

Belayneh Z., et al. (2025) **'Methodological Issues in Measuring Restrictive Care Practices (Mechanical/Physical Restraint, Chemical Restraint and Seclusion) in Adult Mental Health Inpatient Units: A Systematic Review of Recent Literature.'** ***Journal of Clinical Nursing 34*****(5), 1629–1647.**
AIMS: To identify and characterise the approaches and instruments used in recent literature to measure the prevalence of restrictive care practices in adult mental health inpatient units. Additionally, it sought to summarise the reported psychometric properties, including reliability and validity of these measures.
METHOD(S): A systematic review of recent litratures was conducted using Scopus, MEDLINE, CINAHL, PsycINFO, Web of Science and Embase databases to identify studies published from 1 January 2010 to 11 October 2023. A total of 128 studies measuring the use of restrictive care practices were included. Data on measurement methods were extracted from each study and summarised to compare how consistently these practices have been measured across studies and how authors consistently reported the reliability and validity of these measurment approaches. All findings were reported following the PRISMA 2020 checklist.
RESULT(S): There were significant variations in how the prevalence of restrictive care practices was measured, and the reliability and validity of these measurements were unclear for most studies. Only 11 studies reported inter/intra-rater reliability. Key variations were observed in data sources utilised, how and by whom the data were collected, the timing and total duration of data collection during patient admission, how and by whom data were extracted from secondary sources, measurement instruments and the reported reliability and validity of measures.
CONCLUSION(S): Methodological inconsistencies about the measurements approaches of restricitve care practices would introduduce potential random and/or systematic biases on the reported data which may obscure the the true prevalance these practices. This hinder the ability to acurately assess the effectiveness of reduction strategies and understand the naturally occuring practices. Establishing a standardised set of reliable measures is crucial for enabling valid comparisons for the rates of restricitve car epractice use across settings and countries, which could enhance the ongoing monitoring and reduction of these practices. RELEVANCE TO THE CLINICAL PRACTICE: The absence of standardised defintions and measurement approaches for restrictive care practices challenges the global effort to reduce their use. Without reliable and common measures, clinicians and researchers often face challenges in documening RCP incidents accurately, compromising efforts to improve care quality and support a recovery-oriented approach. Such measurment errors would mislead decission-maker which would furhter contribute to the inconsistency the the implementation of these practices. PATIENT OR PUBLIC CONTRIBUTION: No patient or public contribution. TRIAL REGISTRATION: PROSPERO:
CRD:42022335167; https://www.crd.york.ac.uk/prospero/export_details_pdf.php.

Berry K., et al. (2025) **'Ensuring that Psychological Interventions are Delivered as Intended on Mental Health Inpatient Wards.'** ***The British Journal of Clinical Psychology 64*****(2), 371–384.**

OBJECTIVES: Talk, Understand and Listen for InPatient Settings (TULIPS) was a multi-centred randomized control trial of an intervention that aimed to increase patient access to psychological therapies on acute mental health wards. This paper aims to: (i) describe a strategy for designing a psychological intervention that is implementable in inpatient mental health settings; (ii) describe methods for assessing the fidelity of interventions within these settings; (iii) report on the extent to which fidelity was achieved in the TULIPS trial.
METHOD(S): The TULIPS intervention was designed using information from a systematic review, stakeholder interviews, pilot work and a consensus workshop. We assessed fidelity to the model in terms of the delivery and dose of essential elements of the intervention, quality of intervention delivery, engagement of participants with the intervention and differentiation between the intervention and usual care.
RESULT(S): Although the TULIPS intervention targeted known barriers to the delivery of psychological interventions on mental health wards, we found issues in implementing aspects of the intervention that were dependent upon the participation of members of the multidisciplinary team. Psychologists were able to overcome barriers to delivering individual therapy to patients as this provision was not reliant on the availability of other staff.
CONCLUSION(S): The intervention period in the study was 6 months. A greater period of time with a critical mass of psychological practitioners is needed to embed psychological interventions on inpatient wards. Our fidelity framework and assessment methods can be used by other researchers implementing and testing psychological therapies within inpatient environments.

Bockhorst J.L., et al. (2025) **'Elevations in Depression and Anxiety Symptoms Prior to Discharge from Partial Hospitalization.'** ***Cognitive Behaviour Therapy 54*****(3), 305–317.**
Discharge from psychiatric treatment has been established as an emotionally intense and vulnerable time for patients; however, to date no studies have investigated symptoms directly preceding discharge and the impact on post-discharge outcomes. Our primary aim was to assess the prevalence of elevations in depression and anxiety symptoms prior to discharge from a partial hospitalization program (PHP). Our secondary aim was to assess whether these pre-discharge elevations predict post-discharge outcomes. We analyzed daily depression and anxiety symptom severity from 4211 patients attending a PHP. Two subsamples (n = 113 and n = 70) completed post-discharge outcome measures of symptom severity, well-being, and/or functional impairment at two-weeks, one-month, and three-months post-discharge. Approximately two-thirds of patients demonstrated a significant increase in depression ($p < .001$) and anxiety ($p < .001$) symptom severity prior to discharge. These pre-discharge elevations did not significantly predict post-discharge measures when controlling for symptom severity at discharge. Our results suggest patients experience an increase in symptom severity preceding discharge, even after improvement; however, these elevations do not provide additional prognostic information. Clinicians may consider sharing these results with patients to normalize the experience of symptom elevation prior to discharge and highlight that it is not a prognostic indicator.

Brown D.E., et al. (2025) **'Postdischarge Mental Health Care and Emergency General Surgery Readmission for Patients with Serious Mental Illness.'** ***Annals***

***of Surgery 281*(3), 508–513.**
Objective: To determine the association between postdischarge mental health care and odds of readmission after emergency general surgery (EGS) hospitalization for patients with serious mental illness (SMI).
Background(s): A mental health visit (MHV) after medical hospitalization is associated with decreased readmissions for patients with SMI. The impact of a MHV after surgical hospitalization is unknown.
Method(s): Using Medicare claims, we performed a retrospective cohort study of hospitalized EGS patients with SMI aged above 65.5 (2016-2018). EGS included colorectal, general abdominal, hepatopancreatobiliary, hernia, intestinal obstruction, resuscitation, and upper gastrointestinal conditions. SMI was defined as schizophrenia spectrum, mood, or anxiety disorders. The exposure was MHV within 30 days of discharge. The primary outcome was 30-day readmission. Secondary outcomes included emergency department presentation and psychiatric admission. Inverse probability weighting was used to evaluated outcomes.
Result(s): Of 88,092 analyzed patients, 11,755 (13.3%) had a MHV within 30 days of discharge. 23,696 (26.9%) of patients were managed operatively, 64,395 (73.1%) nonoperatively. After adjustment for potential confounders, patients with a postdischarge MHV had lower odds of acute care readmission than patients without a MHV in both operative (OR=0.60; 95% CI: 0.40-0.90) and nonoperative (OR=0.67; 95% CI: 0.53-0.84) cohorts. There was no association between postdischarge MHV and ED presentation or psychiatric admission in the operative or nonoperative groups.
Conclusion(s): Postdischarge MHV after EGS hospitalization was associated with decreased odds of readmission for patients with SMI managed operatively and nonoperatively. In older EGS patients with SMI, coordination of MHVs may be a mechanism to reduce readmission disparities.

Burns R., et al. (2025) 'Breaking the Cycle: Predicting Agitation Crises in Child and Adolescent Inpatient Psychiatry.' *Child Psychiatry and Human Development* (pagination), Date of Publication: 16 May 2025.
This study examined biopsychosocial factors associated with the use of intramuscular (IM) agitation emergency medication in child and adolescent psychiatric inpatients. A retrospective review of 1,101 patients hospitalized between June 2018-November 2021 at an urban teaching hospital identified predictors of IM medication use through linear regression analysis. Among these patients, 196 received IM medication during their stay. Female sex was associated with a lower likelihood of receiving IM treatment, while factors such as prior involvement with child protective services, a history of violence, previous psychiatric hospitalizations, and use of multiple home psychiatric medications increased the likelihood. Agitation episodes pose risks to both patients and staff, underscoring the importance of early identification and intervention. Understanding these risk factors may guide proactive strategies to reduce the frequency and severity of agitation and limit reliance on emergency pharmacological interventions. Further research is needed to refine predictive models and explore non-pharmacological management approaches.

Graham F.A., et al. (2025) 'A Hospital-Based Special Care Unit for Dementia Decreased Hospital Readmission Rates for Behaviour while Reducing Rates of

Falls and Occupational Violence Across Medical Wards.' ***Age and Ageing 54*****(4) (pagination), Article Number: afaf096. Date of Publication: 01 Ar 2025.**
Background: Hospital-based Special Care Units (SCU) for dementia show promise as effective models of care. However, limited research describes hospital-wide benefits.
Objective(s): To describe patient-level outcomes and hospital service-level outcomes of a SCU.
Design(s): Pre-post analyses of SCU-patient data and hospital service-unit incident report data. Setting, participants: 2-years of SCU-patient admissions and 4-years of hospital incident-reports from four medical wards (2-years pre-post SCU).
Method(s): Admission and discharge severity of SCU-patients' behaviour was prospectively measured by specialist SCU nurses. One-year hospitalisation rates, length-of-stay, diagnosis and patient demographics were retrospectively obtained from medical records. Hospital service-unit data included 4 years of monthly incident report rates for falls, pressure injury and occupational violence (OV) across four medical wards. Analysis of count data used Poisson and Negative Binomial Regression models.
Result(s): 121 SCU admissions involved 107 unique patients. Median SCU LoS was 23 days (interquartile range [IQR], 13-50), and stabilisation of behaviour severity took 11 days (IQR 6-12). Barriers to discharge related to substitute decision-making and care facility availability. After SCU discharge, yearly hospitalisation rates for 'all-reasons' decreased by 68% (Incident Rate Ratio [IRR], 0.32, 95% CI, 0.23-0.43), and 83% for behaviour-related admissions (IRR 0.17, 95% CI, 0.11-0.28). For hospital service-unit outcomes, falls-per-month decreased by 21% (IRR 0.79, 95% CI 0.64-0.99) after SCU implementation and OV by 26% (IRR, 0.74, 95% CI 0.59-0.94).
Conclusion(s): A hospital-based SCU reduced hospital health service demand through decreased SCU-patient readmissions and was associated with decreased falls and OV rates across hospital medical wards.

Gresham A.D., et al. (2025) **'Mental Health Needs of Inpatient Psychiatric Nurses during the COVID-19 Pandemic.'** ***Journal of the American Psychiatric Nurses Association 31*****(3), 294–305.**
INTRODUCTION: The lack of mental health supports and resources for psychiatric nurses during the COVID-19 pandemic contributed to stress, burnout, and reduced mental wellness. Simultaneously, the pandemic's safety mitigation measures made significant changes to the inpatient psychiatric population environment making it difficult to maintain a therapeutic milieu and increased mental health challenges among staff and patients. AIMS: This study aimed to identify external and internal resilience factors, mental health support, and resources provided by organizations, and additional mental health support and resources inpatient psychiatric nurses felt would have been beneficial during the pandemic.
METHOD(S): An anonymous web-based survey was administered via American Psychiatric Nurses Association Member Bridge. Notably, 68 respondents represented 23 states across the United States.
RESULT(S): Interpersonal peer relationships, self-awareness, self-care, mindfulness, and purpose were identified resilience factors. Free counseling, decompression rooms, pastoral support, self-care discounts, and support groups were top support and resource options. Policies, time-off, personal protective

equipment (PPE) availability, counseling and self-care, and appreciation were major themes reflecting what participants thought would have been beneficial. Coping strategies, organizational support, resilience, altruism, and family and peer support were instrumental in psychiatric nurses' survival during the pandemic.
CONCLUSION(S): Identifying factors of resilience is key to supporting and protecting the mental health of psychiatric nurses. Organizations can better support their nurses when they understand what mental health support and resource options are perceived as most beneficial by inpatient nurses.

Hagerup A., et al. (2025) **'Psychiatric Spaces: A Phenomenological Case Study of Staff Perspectives After Relocation to a New Mental Health Facility.'** ***International Journal of Qualitative Studies on Health and Well-Being 20*****(1), 2485697.**
INTRODUCTION: Patients in mental health care rely on staff for their well-being, security, and quality of treatment. However, staff's perspective of the physical environment where care takes place remains underexplored. Their insights are crucial to understanding how the environment impacts the quality of care. Therefore, the aim of this study is to explore the meanings of the physical environment for inpatient care according to staff shortly after relocation to a new mental health facility.
METHOD(S): The study employed a phenomenological approach and focus group interviews with 20 staff working in a newly built mental health facility. Data were analysed using van Manen's existentials and guided by the theory of affordances.
RESULT(S): The primary findings were as follows: (a) attempting to provide a therapeutic atmosphere, (b) design as symbolism, (c) altering the physical environment means altering time, (d) offering spaces for connection and communication, and (e) embodying the new mental health facility.
CONCLUSION(S): The findings indicate that regardless of whether affordances are actualized, opportunities and obstacles in the hospital environment impact the staff's ability to provide inpatient care according to their standards. Conflict arose due to obstacles inherent in the organization and structure of the new mental health facility that limited opportunities to utilize possible affordances.

Hofmann A.B., et al. (2025) **'RIPTOSO: The Development of a Screening Tool for Adverse Events during Forensic-Psychiatric Inpatient Treatments of Offenders with Schizophrenia Spectrum Disorders.'** ***Psychiatry Research 350*****(pagination), Article Number: 116537. Date of Publication: 01 Aug 2025.**
Adverse events such as compulsory measures, absconding, illicit substance use, self-harm, aggressive behavior, and prolonged hospitalization pose significant challenges in forensic psychiatric inpatient care. This study introduces a machine learning-based tool to predict these events in patients with schizophrenia spectrum disorders (SSD) upon admission. Data from 370 court-mandated forensic inpatients treated at an academic center in Zurich, Switzerland, were retrospectively analyzed. Twenty-seven variables, available upon admission in clinical settings, were tested using six machine learning algorithms (support vector machines (SVM), logistic regression, naive Bayes, gradient boosting, fine trees, and neural networks). Predictive performance was assessed using metrics such as area under the curve (AUC) and balanced accuracy. SVM demonstrated the highest performance, achieving an AUC of 0.79 and a balanced accuracy of 69.8 %. These results suggest that the tool can identify patients at higher risk for problematic treatment courses,

enabling earlier interventions and more efficient resource allocation. The simplicity of the model, based on routinely collected data, enhances its clinical applicability. However, validation studies in multi-center and international settings are essential to confirm its robustness and generalizability. This tool represents a promising step toward integrating machine learning into forensic psychiatry to improve treatment outcomes and patient safety.

Kumar V., et al. (2025) **'Factors Associated with Absconding during Inpatient Care from a Psychiatric Center: A Retrospective Observational Study.'** ***The Primary Care Companion for CNS Disorders 27*****(3) (pagination), Date of Publication: 13 May 2025.**
Background:Absconding, defined as a patient leaving a hospital or medical facility without permission or.authorization, is a significant concern in psychiatric care, with rates varying across studies. Previous research has identified several factors-such as age, sex, diagnosis, and the treatment environment-that may contribute to the risk of absconding. This study aimed to identify the risk factors associated with absconding incidents and compare them with a matched control group.
Method(s): A retrospective observational study was conducted at a psychiatric center in Jaipur, India, from January .2020 to December 2023. The study included 573 patients who .absconded, matched with 573 controls. Data were collected through chart reviews, focusing on .sociodemographic characteristics, clinical profiles, and mental status examination findings.
Result(s): The absconding rate was 11.54% (573 of 4,962 admissions). Most absconding patients were young males, with a mean stay of 4.07 days before absconding. Significant differences were found in affect (irritable or euphoric), perceptual abnormalities, and judgment. Absconding incidents were most frequent between 2:00 PM and 8:00 PM, and 10% of patients had a history of previous absconding. The duration of hospitalization was significantly shorter for absconders compared to controls.
Conclusion(s): The study found that absconding patients were primarily young males with irritable or euphoric affect, impaired judgment, and shorter hospital stays. These findings highlight the importance of early risk identification, increased supervision during high-risk periods, and tailored interventions addressing clinical and organizational factors associated with absconding. Prim Care Companion CNS Disord2025;27(3):24m03893. Author affiliations are listed at the end of this article.

Lanca M., et al. (2025) **'Clinician Perspectives on Measurement-Based Care to Inform Pre-Implementation Training and Workflow Design on an Adolescent Psychiatric Inpatient Unit.'** ***Evidence-Based Practice in Child and Adolescent Mental Health*** **(pagination), Date of Publication: 2025.**
Background: Measurement-based care (MBC) in an inpatient psychiatric setting is uncommon.
Objective(s): Our aim was to understand clinician pre-implementation attitudes about MBC to optimize workflow and training for MBC implementation in an adolescent inpatient psychiatric unit.
Method(s): We assessed clinician attitudes toward MBC prior to implementing it in a real-world clinical setting using interviews and a survey. Qualitative interviews were analyzed using the Consolidated Framework for Implementation Research (CFIR) and then mapped to potential solutions via the CFIR-to-ERIC (Expert

Recommendations for Implementing Change) matching tool. These results, combined with the survey responses, informed MBC training and workflow design. We then re-assessed MBC attitudes with a post-training survey.
Result(s): The top CFIR barriers emphasized: 1) measure compatibility with unit context, 2) advantage and priority of the measure, 3) evidence strength and quality of MBC, and 4) existing beliefs about MBC. These barriers were mapped to potential implementation strategies via CFIR-to-ERIC matching tool. Top solutions informed an MBC workflow, clinician training, and a pre- and post-training survey. Identified workflow and training strategies included a need to prepare MBC champions, assess clinician readiness, and conduct training. The pre-training survey showed that clinicians strongly agreed with the rationale for MBC, moderately agreed that MBC would promote patient progress, and less strongly agreed that MBC could be feasibly added to their workloads. Post-training survey findings reflected continued high interest in MBC, an increase in attitudes that MBC could promote patient progress, and an increase in feasibility attitudes, though time constraints remained a concern.
Conclusion(s): An MBC training and workflow were tailored to incorporate these findings. Pre-implementation attitudes toward MBC critically informed workflow and training development and should be considered in the implementation phase. Specific challenges when implementing MBC within a diverse safety net adolescent inpatient setting are discussed.

Marguet O.E., et al. (2025) 'Mortality and its Predictors among People with Dementia Receiving Psychiatric in-Patient Care.' *BJPsych Open 11*(3) (pagination), Article Number: e92. Date of Publication: 09 May 2025.
Background Although dementia is a terminal condition, palliation can be a challenge for clinical services. As dementia progresses, people frequently develop behavioural and psychological symptoms, sometimes so severe they require care in specialist dementia mental health wards. Although these are often a marker of late disease, there has been little research on the mortality of people admitted to these wards. Aims We sought to describe the mortality of this group, both on-ward and after discharge, and to investigate clinical features predicting 1-year mortality. Method First, we conducted a retrospective analysis of 576 people with dementia admitted to the Cambridgeshire and Peterborough National Health Service (NHS) Foundation Trust dementia wards over an 8-year period. We attempted to identify predictors of mortality and build predictive machine learning models. To investigate deaths occurring during admission, we conducted a second analysis as a retrospective service evaluation involving mental health wards for people with dementia at four NHS trusts, including 1976 admissions over 7 years. Results Survival following admission showed high variability, with a median of 1201 days (3.3 years). We were not able to accurately predict those at high risk of death from clinical data. We found that on-ward mortality remains rare but had increased from 3 deaths per year in 2013 to 13 in 2019. Conclusions We suggest that arrangements to ensure effective palliation are available on all such wards. It is not clear where discussions around end-of-life care are best placed in the dementia pathway, but we suggest it should be considered at admission.

McKenna P., et al. (2025) **'Factors Associated with Length of Hospital Stay for Forensic Psychiatric Inpatients with Intellectual Disabilities.'** ***Journal of Applied Research in Intellectual Disabilities : JARID 38*****(3), e70065.**
INTRODUCTION: The aim of this study was to examine factors associated with length of stay within a psychiatric hospital for patients with intellectual disabilities who have a forensic history.
METHOD(S): Data about 111 patients were gathered retrospectively from historical records for the period of February 2011 to March 2021. Negative binomial regression was then used to examine the relationship between selected predictor variables and length of stay.
RESULT(S): Patients who were older upon admission and those who had received psychological therapies or positive behavioural support (PBS) had a significantly longer length of stay. Those with a diagnosis of a neurodevelopmental disorder had a significantly shorter length of stay. All other predictors were not statistically significant.
CONCLUSION(S): There was evidence of a clinical improvement at discharge and those with autism or ADHD had a shorter length of stay. Similar studies with larger sample sizes should be completed across England.

Phalen P.L., et al. (2025) **'Reasons for Discharge in a National Network of Early Psychosis Intervention Programs.'** ***Schizophrenia Bulletin 51*****(3), 722–729.**
Background: Discharge from early psychosis intervention is a critical stage of treatment that may occur for a variety of reasons. This study characterizes reasons for discharge among participants in early psychosis intervention programs participating in the Early Psychosis Intervention Network (EPINET) which comprises >100 programs in the United States organized under 8 academic hubs.
Study Design: We analyzed 1787 discharges, focusing on program completion, unilateral termination by the client/family, and lost contact with the client/family. We performed exploratory analyses of demographic, clinical, and functional predictors of discharge reason. Variables predictive of discharge type were included in multilevel logistic regressions, allowing for the estimation of predictors of discharge reason and variability in rates by program and hub. Study Results: An estimated 20%-30% of enrolled patients completed the program. Program completion rates were higher among participants who were older on admission, had lower negative symptoms severity, spent more time in education, employment, or training, and who were covered by private insurance (a close proxy for socioeconomic status). Programs were more likely to lose contact with male participants, Black participants, and participants who were never covered by private insurance. After accounting for patient-level factors, there was substantial program-level variation in all 3 discharge outcomes, and hub-level variability in the proportion of participants who completed the program. The impact of race on program completion varied substantially by program.
Conclusion(s): Participants were discharged from early psychosis intervention services for diverse reasons, some of which were associated with sociocultural factors. Disengagement is a widespread problem affecting all hubs.

PonsCabrera M.T., et al. (2025) **'Substance use and Psychiatric Comorbidities among Medical Inpatients: Associations with Length of Stay, Health-Related Quality of Life, and Functioning, with Consideration for Gender.'** ***Journal of Psychiatric Research 186*, 322–330.**
Little is known about the impact of substance use and psychiatric comorbidities on the management and outcomes of medical inpatients. This study explores the influence of psychiatric comorbidities, and substance use (tobacco, alcohol, and cannabis) on the length of hospital stay (LOS), Health-Related Quality of Life (HRQoL), and functioning in 800 medical inpatients at a high-complexity academic hospital. Multivariate analyses demonstrated that psychiatric comorbidities were associated with reduced HRQoL (beta = -0.050, p-value = 0.017), and impaired functioning (beta = 3.4, p-value <0.001). High-risk tobacco, alcohol, and cannabis use, according to the ASSIST were independently associated with impaired functioning. High-risk alcohol use was furthermore associated with longer stays (RR = 1.5, p-value <0.001). Female gender was associated with poorer HRQoL and functioning outcomes but with shorter LOS. These findings underscore the necessity of integrated mental health care within medical settings and emphasize the importance of a comprehensive approach considering psychiatric comorbidities, substance use, and gender perspective.

Rickett M., et al. (2025) **'Navigating Discharge from Early Intervention in Psychosis Services; a Qualitative Study of the Experiences of Service Users and Carers.'** ***The British Journal of General Practice : The Journal of the Royal College of General Practitioners 75*(Supplement 1) (pagination), Date of Publication: 01 May 2025.**
BACKGROUND: Early Intervention in Psychosis (EIP) services offer up to 3 years' treatment to people with a first episode of psychosis. Service users (SUs) are then discharged to primary care or community mental health teams. There is limited research on SU/carer experiences of transition from EIP to onward care. AIM: To examine the experiences of services users and carers of EIP services.
METHOD(S): Longitudinal qualitative study. Ethics/HRA approvals gained. Semi-structured interviews with SUs (x17 around point of discharge from EIP; x13 second interviews > 6 months); carers (x14). Interviews conducted online/by telephone, recorded/transcribed with consent. Thematic analysis by multidisciplinary team. Public and patient input at all stages.
RESULT(S): SUs valued relationships with EIP practitioners and expressed desire for more support during transition following discharge from EIP services, including proactive contact from primary care. SUs described feelings of disempowerment if discharged before they felt ready. Those with additional physical health conditions or neurodiverse conditions found the post-discharge period particularly challenging. Carers expressed concerns about re-accessing specialist support if needed. They often played a 'case manager' type role and had knowledge and expertise which wasn't always valued by healthcare professionals. Carers were not offered support in the post-discharge period.
CONCLUSION(S): This study highlights the importance of involving SUs and carers in EIP discharge planning. Collaboration is needed between SUs, carers and primary care while SUs are under EIP, to maintain relationships and support discharge. Proactive contact from primary care is needed during the early post-discharge period. Carer needs are often overlooked; primary care could utilise the 'carers

register' and proactively offer support.

Sandsten A., et al. (2025) **'Perspectives of General Psychiatric Inpatient Care for Persons with Anorexia Nervosa: An Integrative Literature Review.'** ***BMJ Open 15*****(5) (pagination), Article Number: e098772. Date of Publication: 15 May 2025.**

Objectives Persons diagnosed with anorexia nervosa (AN) may receive care in general psychiatric inpatient care (GPIC) for several reasons including severity of their condition, comorbidities and lack of access to specialised inpatient care. However, scant research has explored how this specific setting may impact persons with AN, either positively or negatively. Additionally, there is limited evidence regarding the most effective form of care for AN within GPIC. This integrative literature review provides a comprehensive overview of research focusing on care for AN in GPIC settings, shedding light on person-centred care and power within this specific context. Design The review was conducted according to the methods of Whittemore and Knafl. We searched the academic databases PubMed, CINAHL and PsycInfo, with the latest search conducted in March 2025, in accordance with a specific search strategy and analysed the data using a constant comparison method. The review is reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses checklist for systematic reviews. Results The synthesis revealed three perspectives of care for persons with AN in the context of GPIC: management of the symptoms, treatment of the patient and support for the person. Overall, the findings suggest that GPIC can aid in weight gain, but the impact on recovery is unclear. Conclusion Research indicates that GPIC possesses the biomedical knowledge necessary to save lives, but there is a lack of research focusing on the perspectives of persons with AN. This gap in understanding may affect treatment outcomes, the possibility of recovery and the personal experience of care for those with AN in this context. PROSPERO registration number CRD42023426095.

Seiler N., et al. (2025) **'Emergency Medical Reviews and Medical Admission Transfers during Psychiatric Inpatient Eating Disorders Unit Treatment.'** ***Eating Behaviors 57*****(pagination), Article Number: 101979. Date of Publication: 01 Ar 2025.**

Objective: There is limited information regarding emergency medical reviews (EMRs) and medical admission transfers for psychiatric eating disorders inpatients. We aimed to describe (i) EMRs during psychiatric inpatient eating disorders treatment at the Eating Disorders Unit (EDU), Austin Hospital in Melbourne, Victoria, and (ii) medical admission transfers during EDU admissions.
Method(s): Retrospective review of patient files was undertaken for inpatients aged 18-65 years with an eating disorder who resided within the Body Image & Eating Disorders Treatment & Recovery Service (BETRS) catchment area and were admitted to EDU between 01/01/21 to 30/10/23.
Result(s): Among 177 EDU admissions there were 33 EMRs and 17 medical transfers. On average, inpatients with EMRs or medical transfers were older with greater medical multimorbidity or polypharmacy, and a higher proportion of atypical anorexia nervosa and anorexia nervosa - binge/purge subtype. EMR indications included postural tachycardia, hypotension, sinus tachycardia, hypokalaemia,

hypoglycaemia, altered conscious state, and chest pain. Medical admission indications included refeeding in the setting of vital sign derangement, intravenous potassium, vital sign derangement or falls attributed to antipsychotic use, infection, abdominal pain, and self-harm.
Conclusion(s): Early medical assessment and intensive monitoring are recommended for older patients with greater medical multimorbidity/polypharmacy, orthostasis, or higher risk of electrolyte instability. Caution should be undertaken regarding antipsychotic use in this vulnerable population.

Silva M.A., et al. (2025) **'Predictors of Psychiatric Hospitalization After Discharge from Inpatient Neurorehabilitation for Traumatic Brain Injury.'** ***Journal of Head Trauma Rehabilitation 40*****(3), 167–178.**
Objective: To examine, among persons discharged from inpatient rehabilitation for traumatic brain injury (TBI), the degree to which pre-TBI factors were associated with post-TBI hospitalization for psychiatric reasons. The authors hypothesized that pre-TBI psychiatric hospitalization and other pre-TBI mental health treatment would predict post-TBI psychiatric hospitalization following rehabilitation discharge, up to 5 years post-TBI.
Setting(s): Five Veterans Affairs Polytrauma Rehabilitation Centers.
Participant(s): Participants with nonmissing rehospitalization status and reason, who were followed at 1 year (N = 1006), 2 years (N = 985), and 5 years (N = 772) post-TBI.
Design(s): A secondary analysis of the Veterans Affairs TBI Model Systems, a multicenter, longitudinal study of veterans and active-duty service members with a history of mild, moderate, or severe TBI previously admitted to comprehensive inpatient medical rehabilitation. This study examined participants cross-sectionally at 3 follow-up timepoints. Main Measures: Psychiatric Rehospitalization was classified according to Healthcare Cost and Utilization Project multilevel Clinical Classifications diagnosis terminology (Category 5).
Result(s): Rates of post-TBI psychiatric hospitalization at years 1, 2, and 5 were 4.3%, 4.7%, and 4.1%, respectively. While bivariate comparisons identified pre-TBI psychiatric hospitalization and pre-TBI mental health treatment as factors associated with psychiatric rehospitalization after TBI across all postinjury timepoints, these factors were statistically nonsignificant when examined in a multivariate model across all timepoints. In the multivariable analysis, pre-TBI psychiatric hospitalization was significantly associated with increased odds of post-TBI psychiatric hospitalization only at 1-year post-TBI (adjusted odds ratio = 2.65; 95% confidence interval, 1.07-6.55, P = .04). Posttraumatic amnesia duration was unrelated to psychiatric rehospitalization.
Conclusion(s): Study findings suggest the limited utility of age, education, and pre-TBI substance use and mental health utilization in predicting post-TBI psychiatric hospitalization. Temporally closer social and behavior factors, particularly those that are potentially modifiable, should be considered in future research.

Soutullo O., et al. (2025) **'A Novel Application of the Child Psychiatry Access Program Model to Inpatient Psychiatry: The Transitional Care Coordination Program.'** ***Journal of Clinical Psychology in Medical Settings*** **(pagination)**
Pediatric patients who have been discharged from psychiatric hospitalizations are at high risk of negative outcomes, especially if they do not connect to outpatient mental

health services. This paper describes the development and implementation of the Transitional Care Coordination Program (TCCP), a novel adaptation of the Child Psychiatry Access Program (CPAP) model, to provide mental health consultation and care coordination services after psychiatric hospitalization. The program offered discharging patients' pediatric primary care providers telephonic child psychiatry consultations and three months of care coordination for patient families over multiple timepoints. Between March 2020 and November 2021, 163 unique patients were enrolled in the TCCP from 170 admissions. Patient families from 89 admissions (52% of total) were reached and participated in the TCCP, with 22 of those (25%) requesting new behavioral health provider resources and 39 (44%) requesting other behavioral health supports. The TCCP reached out to 110 (65% of total) primary care providers, none of whom requested a psychiatric consultation. Findings support the initial feasibility of a novel adaptation of the CPAP model for preemptive support at psychiatric hospitalization discharge. This is the first program of its kind, showing promise as a way for existing CPAPs to leverage their infrastructure to help families connect to needed mental health care after discharge and potentially prevent readmissions or other adverse outcomes. More research is needed to understand its efficacy and applicability to other settings.

Verter V., et al. (2025) **'Text Mining of Outpatient Narrative Notes to Predict the Risk of Psychiatric Hospitalization.'** ***Translational Psychiatry* 15(1) (pagination), Article Number: 60. Date of Publication: 01 Dec 2025.**
The primary purpose of this paper is to investigate whether text mining of the outpatient narrative notes for patients with severe and persistent mental illness (SPMI) can strengthen the predictions concerning the probability of an upcoming hospital readmission. A five-year study of all clinical notes for SPMI patients at the outpatient clinic of a tertiary hospital was conducted. The clinical notes were studied using ensemble classification i.e., entity recognition. Confounding variables pertaining to the patient's health status were extracted by text mining. A mixed effects logistic regression model was used for estimating the re-hospitalization risk during a clinic visit. The factors included frequency and continuity of outpatient visits, alterations in medication prescriptions, the usage of long-acting anti-psychotic injections (LAIs), the presence or absence of a legal compulsory treatment order (CTO) and the hospitalizations. The appearance of certain words in the outpatient clinical notes has a statistically significant impact on the risk of an upcoming hospitalization. This study also reconfirms that the risk of a re-hospitalization of an SPMI patient is reduced by the presence of a CTO and the utilization of LAIs, whereas it is increased by the patient dropping out of outpatient care. Our findings pertaining to the risk of re-hospitalization could facilitate preventive interventions for SPMI patients with higher risk.

Waldmann T., et al. (2025) **'Cost Utility of Intensive Home Treatment Compared with Acute Psychiatric Inpatient Admission.'** ***JAMA Network Open*** **(pagination)**
Importance: Intensive home treatment (IHT) is regarded as a safe and effective alternative to psychiatric inpatient care during acute crises.
Objective(s): To estimate the cost-effectiveness of implementing IHT in comparison with inpatient treatment for persons with severe mental illness in acute crisis in the German health care system.

Design, Setting, and Participant(s): This health economic evaluation was performed as part of a quasiexperimental nonrandomized trial conducted at 10 sites in Germany from January 2021 to December 2022. It included 200 patients with severe mental illness treated by IHT for acute crisis matched by means of propensity scores with 200 patients with severe mental illness receiving inpatient treatment. Participants were observed for 12 months. All analyses were conducted from January 15 to October 30, 2024.
Main Outcomes and Measures: Incremental cost utility ratios (ICURs) were calculated for 12 months from the societal perspective and from the payer perspective of German statutory health insurance. ICUR uncertainty was estimated by nonparametric bootstrapping and estimated cost-effectiveness acceptability curves for maximum willingness to pay (MWTP) thresholds of 25000 and 50000.
Result(s): The mean (SD) age of all 400 eligible study participants was 45 (16) years, and 264 (66%) were female. Overall, 374 were considered in the analysis. The ICUR point estimates were 48786.43 from the perspective of statutory health insurance and 38433.81 from the societal perspective. Acceptability rates for IHT being a cost-effective alternative compared with inpatient treatment from the societal perspective were 67% at an MWTP threshold of 25000 and 50% at an MWTP of 50000 and were 60% at an MWTP of 25000 and 44% at an MWTP of 50000 from the perspective of the statutory health insurance.
Conclusions and Relevance: This economic analysis found that IHT for persons with severe mental illness in acute crisis is expected to be cost-effective compared with inpatient treatment, with a slightly higher acceptability probability for statutory health insurance than for the economy as a whole. Due to the high stochastic uncertainty, the study results suggest that more research is needed to assess the economic efficiency of IHT more clearly.

Watson R.D., and Walker, K. B. (2025) 'Advocating for Life: A Hospital's Guide to Suicide Prevention.' *Journal of Clinical Psychology 81*(5), 281–289.
INTRODUCTION: With a global increase in adolescent suicidal thoughts and behaviors (STBs), this study addresses the need for enhanced advocacy initiatives within psychiatric inpatient settings.
METHOD(S): This study, conducted in the Midwest region of the United States, sampled a diverse group of healthcare professionals from psychiatric hospitals, including nurses, nurse practitioners, therapists, techs, and psychologists. Specifically, this study used reflexive thematic analysis to gather insights into the existing state of advocacy efforts, focusing on their alignment with the needs of adolescent patients and barriers to effective implementation.
RESULT(S): Preliminary findings revealed a significant gap in hospital-wide advocacy programs tailored to the needs of adolescents facing STBs. Participants stressed the need for more personalized, dynamic advocacy strategies that go beyond traditional models, suggesting a move toward integrated, patient-driven approaches.
CONCLUSION(S): This study details several limitations with current psychiatric inpatient care practices, stressing the need for a paradigm shift toward more effective advocacy and suicide prevention strategies. Our results advocate for an approach that actively involves patients in their care journey.

Whiting D., et al. (2025) **'Mechanical Restraint in Inpatient Psychiatric Settings: A Systematic Review of International Prevalence, Associations, Outcomes, and Reduction Strategies.'** ***European Psychiatry 68*****(1) (pagination), Article Number: e57. Date of Publication: 25 Ar 2025.**

Background. There is increasing emphasis on reducing the use and improving the safety of mechanical restraint (MR) in psychiatric settings, and on improving the quality of evidence for outcomes. To date, however, a systematic appraisal of evidence has been lacking. Methods. We included studies of adults (aged 18-65) admitted to inpatient psychiatric settings. We included primary randomised or observational studies from 1990 onwards that reported patterns of MR and/or outcomes associated with MR, and qualitative studies referring to an index admission or MR episode. We presented prevalence data only for studies from 2010 onwards. The risk of bias was assessed using an adapted checklist for randomised/observational studies and the Newcastle-Ottawa scale for interventional studies. Results. We included 83 articles on 73 studies from 1990-2022, from 22 countries. Twenty-six studies, from 11 countries, 2010 onwards, presented data from on proportions of patients/admissions affected by MR. There was wide variation in prevalence (<1-51%). This appeared to be mostly due to variations in standard protocols between countries and regions, which dictated use compared to other restrictive practices such as seclusion. Indications for MR were typically broad (violence/aggression, danger to self or property). The most consistently associated factors were the early phase of admission, male sex, and younger age. Ward and staff factors were inconsistently examined. There was limited reporting of patient experience or positive effects. Conclusions. MR remains widely practiced in psychiatric settings internationally, with considerable variation in rates, but few high-quality studies of outcomes. There was a notable lack of studies investigating different types of restraint, indications, clinical factors associated with use, the impact of ethnicity and language, and evidence for outcomes. Studies examining these factors are crucial areas for future research. In limiting the use of MR, some ward-level interventions show promise, however, wider contextual factors are often overlooked.

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