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NHS Ayrshire & Arran

Inpatient psychiatry

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This monthly current awareness bulletin aims to highlight relevant reports and peer-reviewed literature in emergency and unscheduled care. The bulletin focuses on efforts to improve patient flow, reduce waiting times and alternative care models.

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References

Bashtawi M., et al. (2025) 'Concordance between Admission and Discharge Diagnosis of a Child and Adolescent Psychiatry Inpatient Unit.' *Minerva Pediatrics 77*(4), 333–339.
BACKGROUND: Psychiatry is arguably the most medical practice that is affected by culture. The pediatric literature is sparse with respect to the differences between child psychiatric units in different cultures and different countries. In this study, we aim to investigate the discordance between admission diagnosis and discharge diagnosis for child psychiatric disorders.
METHOD(S): A retrospective analysis was conducted on 206 patients admitted to a university hospital inpatient child and adolescent psychiatry unit in Ontario, Canada. The data extracted from electronic charts were age, gender, DSM-IV-based diagnosis at admission, living arrangement before admission, length of stay (minimum one day), post-discharge diagnosis, and post-discharge outcomes.
RESULT(S): There was 75% agreement with the discharge diagnosis. We found strong negative and positive associations between conduct disorder at discharge and the prescription of antipsychotics (+), antidepressants (-), and stimulants (-), and there was a strong association between a conduct disorder (CD) diagnosis and medication-free status. The powerful effect size of stimulant medication was specific to the association between a primary diagnosis of ADHD (vs. not-ADHD) and stimulant medication (c2=127.5, df=1, phi=0.79, P<0.0001).

CONCLUSION(S): We have found a significant agreement between admission and discharge diagnosis. It is suggested that the inpatient stay helped to refine the formulation and to improve the child's well-being.

Beeri S., et al. (2025) **'Conceptualisation of Informal Coercion in Inpatient Psychiatry: A Scoping Review.'** ***International Journal of Mental Health Nursing 34*****(3), e70076.**
Coercion in mental health care is complex and controversial, often seen as a potential human rights violation. Coercion can manifest in various forms and is subject to ethical and legal judgement. Formal coercion includes measures restricting movement or providing treatment without consent. Informal coercion involves the use of communication and subtle interventions by mental health professionals to control, influence, manipulate or pressure patients, aiming to elicit specific behaviours and shape their decisions. Informal coercion often occurs in psychiatric care. However, it is not legislated; it is not discussed in clinical guidelines, and it is not formalised or documented. This scoping review aims to map the current understanding of informal coercion in inpatient psychiatry. Six databases were searched for studies examining definitions and conceptualisations of informal coercion. Data extraction included a summary and comparison of study characteristics, definitions and conceptualisations followed by thematic analysis using Braun and Clarke's approach. Twenty-nine articles were included in the synthesis. The analysis led to the proposal of a definition of informal coercion and identified three key themes: first, the professionals' intentions, with attributes identified as patient protection or self-protection; second, the methods used, including the attributes communication patterns, 'legal' coercion, deception, manipulation and abuse of power; and third, contextual factors leading to informal coercion, with attributes such as cultural adaptation, rule conformity and professionals' attitudes and skills. This study provides a conceptualisation for understanding informal coercion in inpatient psychiatry, highlighting its complexity and the need for ethical and professional reflection. Developing clear guidelines and standards is essential for protecting patient autonomy and dignity while enabling effective therapeutic interventions. TRAIL REGISTRATION: The research protocol was registered in the Open Science Framework (https://osf.io/ck3et).

Dixon K., et al. (2025) **'The Factors that Affect Sexual Safety on Adult Mental Health Inpatient Units: A Scoping Review and Content Analysis.'** ***International Journal of Mental Health Nursing 34*****(3), e70081.**
Mental health inpatient units aim to be safe places for consumers to recover but existing literature suggests this is not always the case. Women are particularly vulnerable to sexual safety incidents due to their higher prevalence of experiencing sexual assault and harassment in the broader community. This review aimed to identify and synthesise the factors that affect sexual safety on adult mental health

inpatient units in the published literature, from the perspectives of staff and consumers. The literature search of four databases (CINAHL, Ovid Medline, PsychINFO and AMED) and other sources, yielded 15 studies that met the inclusion criteria. Content analysis identified four categories: (1) the built environment, (2) leadership, (3) the consumer voice and (4) staff capabilities and resources. Recommendations to promote sexual safety included the creation of separate flexible areas for women or others with sexual safety vulnerabilities such as gender diverse people. Clear guidance from leadership was identified as necessary to promote good practice when managing and responding to sexual safety incidents and creating reliable systems for consumers to feel safe when reporting their concerns. Trauma-informed principles must be embedded into everyday practice including the routine completion of a trauma history upon admission and staff training is recommended to promote and respond to sexual safety incidents. This training should be delivered and/or co-designed by consumers. This review highlights the need for further research into the effectiveness of interventions designed to address these factors that affect sexual safety on mental health inpatient units.

Griffiths J.L., et al. (2025) **'Quantitative Evidence for Relational Care Approaches to Assessing and Managing Self-Harm and Suicide Risk in Inpatient Mental Health and Emergency Department Settings: A Scoping Review.'** ***Issues in Mental Health Nursing 46*****(6), 529–565.**
There is an over-reliance on structured risk assessments and restrictive practices for managing self-harm and suicidality in inpatient mental health and emergency department (ED) settings, despite a lack of supporting evidence. Alternative "relational care" approaches prioritising interpersonal relationships are needed. We present a definition of "relational care," co-produced with academic and lived experience researchers and clinicians, and conducted a scoping review, following PRISMA guidelines. We aimed to examine quantitative evidence for the impact of "relational care" in non-forensic inpatient mental health and ED settings on self-harm and suicide. We identified 29 relevant reviews, covering 62 relational care approaches, reported in 87 primary papers. Evidence suggests some individual-, group-, ward- and organisation-level relational care approaches can reduce self-harm and suicide in inpatient mental health and ED settings, although there is a lack of high-quality research overall. Further co-produced research is needed to clarify the meaning of "relational care," its core components, and develop a clear framework for its application and evaluation. Further high-quality research is needed evaluating its effectiveness, how it is experienced by patients, carers, and staff, and exploring what works best for whom, under what circumstances, and why.

Keykha R., et al. (2025) **'Mental Health Nurses' Experiences of Caring for Inpatients with Severe Mental Disorders: A Qualitative Study.'** ***BMC***

***Psychiatry 25*(1) (pagination), Article Number: 621. Date of Publication: 01 Dec 2025.**

Background: Patients with severe mental disorders (SMDs) often have complex needs that require long-term, multifaceted care. Exploring the experiences of mental health nurses (MHNs) in this context offers valuable insights into previously underexplored aspects of psychiatric care. The objective of the present study was to examine the experiences of MHNs in providing care for inpatients with SMDs in psychiatric wards in Iran.
Method(s): This study used a qualitative research design based on conventional content analysis. The participants were 20 MHNs working in psychiatric wards in Iran, selected through purposive sampling. Data were collected through semi-structured, in-depth individual interviews, with a mean duration of 45 min. The data were then analyzed using conventional content analysis, with the help of MAXQDA (ver.10) software.
Result(s): The data analysis reduced to the emergence of three main themes and 12 categories, including (1) "care based on the nature of the disease", comprised of four categories, viz., disease symptoms and specific nature, nursing care to prevent harm to oneself and others, therapeutic communication, and central role of medicinal care; (2) "patient- and family- based care", with four categories of personalized care, trust building, respecting, understanding, and accepting patients, and family education; and (3) "complex and burdensome care", containing four categories, i.e., challenges in gender-based care, challenges due to disease symptoms, psychological complications of care, and physical complications of care.
Conclusion(s): The study results clarified three main themes associated with MHNs' experiences of caring for inpatients with SMDs. Healthcare managers and policymakers could in this way make use of these findings to improve MHNs' performance in psychiatric wards and boost up the quality of nursing care for inpatients with such conditions. Clinical trial number: Not applicable.

Lawson L., et al. (2025) **'Do Hospital-to-Home Transitions Work for Older Adults with Multiple Long-Term Conditions Including Dementia? A Realist Review.'** ***BMC Geriatrics 25*(1), 511.**

BACKGROUND: Hospital-to-home transitions involve multiple providers and are particularly complex for older adults with dementia, who often live with additional conditions. Frequent transitions increase the risk of errors, miscommunication, and treatment delays, compromising patient safety and leading to potentially increased mortality, morbidity, and preventable readmissions. Understanding what works and does not work in these processes is essential to improving outcomes. AIM: This realist review synthesised existing literature to explore how, for whom, and to what extent hospital-to-home transitions work for older adults with multiple long-term conditions including dementia.

METHOD(S): Nine databases were systematically searched using key terms to identify evidence on hospital-to-home transitions for older adults (65+) with multiple long-term conditions including dementia. Interactions between contexts, mechanisms, and outcomes influencing transitions were identified and synthesised to develop a programme theory.
RESULT(S): We included 68 peer-reviewed and 2 grey literature documents. Integral features of how transitions work were identified, including generic components of transitions, and five dementia-specific components which were the focus of this review: dementia care management, knowledge, information exchange standards, system features, and the role of friends/family. Fragmented care pathways and poor collaboration led to delays, unsafe discharges, and increased reliance on carers, exacerbating service gaps. Limited dementia training for providers and non-standardised documentation hindered effective discharge planning. Carers faced emotional distress and decision-making conflicts, often managing care responsibilities without adequate training, increasing risks of readmissions, particularly for unmanaged conditions.
CONCLUSION(S): Hospital-to-home transitions are complex, requiring tailored interventions that address population-specific challenges. A realist approach provides valuable insights to inform development of relevant, supportive interventions in the future. STUDY REGISTRATION: This review was preregistered with PROSPERO (CRD42023494003). CLINICAL TRIAL NUMBER: Clinical trial number: not applicable.

Leppanen J., et al. (2025) **'Clinical Predictors of Readmission to Psychiatric Inpatient Care: A 20-Year Follow Up Study of Former Adolescent Inpatients.'** ***Psychiatry Research 351*****(pagination), Article Number: 116606. Date of Publication: 01 Se 2025.**

Background: Readmission is a poor outcome associated with significant economic and psychosocial burden, particularly among young people. This study aimed to investigate predictors of time to readmission, the number of readmissions, and the cumulative duration of all readmissions among adolescent psychiatric inpatients over a 20-year observation period.
Method(s): A total of 508 adolescents participated in the original study. The length of index hospitalisation, previous inpatient admissions, the number of psychiatric diagnoses, and the severity of depression, anxiety, mania, psychosis, obsessive-compulsive disorder, eating disorder, conduct disorder, and alcohol and substance use were used to predict readmissions. Separate Bayesian regressions were conducted to examine the impact of these predictors on time to readmission, number of readmissions and the cumulative duration of readmissions.
Result(s): The severity of psychosis symptoms predicted all three outcomes. Once participants with existing schizophrenia spectrum diagnoses were removed from the

sample, psychosis symptoms still predicted time to readmission and the number of readmissions. Previous inpatient admissions predicted more frequent admissions during the observation period. The severity of depression symptoms was associated with shorter time to first readmission.
Discussion(s): Looking at a range of patient and service level measures, psychosis symptoms predicted all three readmission outcomes in psychiatric inpatients. This finding suggests that psychosis symptoms may be a useful transdiagnostic marker of illness severity, predicting poor outcome into adulthood.

Leung M.W., et al. (2010) **'General-Medical Hospital Admissions from a Public Inpatient Psychiatric Health Facility: A Review of Medical Complications Over 30 Months.'** ***Psychosomatics 51*****(6), 498–502.**
Background: Medical comorbidity and mortality disproportionately affect adults with serious mental illness, as compared with the general population.
Objective(s): This study examined the medical diagnoses of patients transferred from a psychiatric health facility to general-medical hospitals.
Method(s): The authors retrospectively reviewed the charts of 81 adult patients admitted to an inpatient psychiatric facility who were subsequently transferred to local general-medical hospitals from January 2005 to June 2007.
Result(s): Of 6,688 separate inpatient admissions, 81 patients (2.1%) were admitted to general-medical hospitals a total of 93 times, and had 108 admitting medical diagnoses. The leading admission indications were infections (N=33; 34%), electrolyte or nutritional abnormalities (N=12; 11%), and cardiovascular disorders (N=12; 11%). Iatrogenic causes related to psychiatric medications accounted for a small proportion of medical admissions (N=8; 7.5%). Over 90% of the patients had chronic medical disorders, and 80% of the patients had a psychotic or bipolar disorder.
Conclusion(s): Patients with severe mental illness and chronic medical disorders may experience significant acute medical complications during inpatient psychiatric treatment. Given the complex care issues involved, continued vigilance in treating or preventing these conditions is warranted.

Olasoji M., et al. (2025) **'I just Want to Know if I was Safe: Views of Consumers about Sexual Safety on Acute Mental Health in-Patient Units.'** ***International Journal of Mental Health Nursing 34*****(3), e70072.**
The overall aim of this study is to explore the perspectives of consumers receiving care within acute mental health (MH) inpatients about their sexual safety. Admission to an acute MH inpatient unit for consumers can be a challenging experience due to several factors. Several safety concerns about the inpatient units have been previously reported. However, there is a paucity of studies that have specifically sought the views of consumers about their sexual safety. This is an explorative

descriptive qualitative study. Data was collected through semi-structured interviews involving n = 12 consumers receiving care on a metropolitan acute mental health inpatient unit who were recruited using purposive convenience sampling. Data was analysed using thematic analysis. The findings of this study highlighted the themes of: "I don't feel safe at times", "I just want to know if I was safe", "The Avoidance" and finding a safe space, which has two subthemes of stop gap measures and gender specific wards. Participants in this study were concerned about their sexual safety while on admission to the inpatient units and wanted nursing staff to check in about their sexual safety. They noted that nursing staff would often put measures in place to maintain their sexual safety, but this was not adequate at times, and in other instances, they devised their own strategies to maintain safety. They suggested more gender-specific wards, although some did not fully support this idea. Ensuring that consumers feel sexually safe is important when it comes to the way care is delivered.

Sharp H., et al. (2025) **'The Management of Patients Who Self-Harm in Adult Inpatient Mental Health Settings: A Policy Analysis of English NHS Mental Health Trusts.'** ***Plos One 20*****(7 July) (pagination), Article Number: e0327358. Date of Publication: 01 Jul 2025.**
The management of self-harm is a critical focus for staff in inpatient mental health settings. This study aimed to better understand how staff are guided through policies to manage self-harm via the following objectives: 1) to assess the alignment of policies from English NHS Mental Health trusts with national guidelines, 2) identify which aspects of the national guidelines are most and least frequently reflected in these policies, and 3) determine whether trusts with dedicated self-harm policies better reflect national guidelines. We conducted a content analysis of self-harm-related policies across 50 English NHS mental health trusts against a framework of 20 standards created from National Institute for Health and Care Excellence self-harm guidelines. Our analysis revealed a significant difference (U = 36.50, p = .002) in the number of standards met by trusts with a specific self-harm policy (M = 11.44, SD = 3.00) compared to those without (M = 7.26, SD = 3.00), with the number of standards met ranging from zero to 15. Notably, trusts failed to meet the majority of standards (M = 11.69, SD = 3.30). The findings of this study highlight several new insights into NHS trust policy on self-harm: 1) trusts exhibit variability in how they organise information across their policies, 2) dedicated self-harm policies may support trusts to better meet guidance but risk complicating guidance for staff, 3) policy content varies across trusts, 4) the importance of patient voice is acknowledged but the facilitators of good participation are poorly supported in the same policies, 5) trusts rarely define self-harm and some trusts use definitions which do not reflect guidelines, and 6) harm-reduction remains underrepresented in

policies, reflecting ongoing contention surrounding its implementation. Further research is needed to understand the role that policy and guidelines play in guiding staff practices when managing self-harm.

Tay J.L., et al. (2025) **'Unexpected Deaths within Psychiatric Setting: A Scoping Review.'** ***Archives of Psychiatric Nursing 56*, 151878.**
BACKGROUND: Unexpected deaths have been associated with a variety of factors within the inpatient psychiatric setting. AIMS: This scoping review aims to evaluate the contributing/risk factors and preventive strategies of unexpected deaths. METHOD(S): This study is guided by the PRISMA extension for scoping review and the PRISMA 2020 statement. Six databases were searched from database inception to 18 December 2023, using the keywords: death* or mortality or autopsy AND (mental health) or psychiat* AND inpatient*. Studies published in English that explored the causes, contributing factors, risk factors, and preventive strategies of unexpected death within the inpatient psychiatric settings were included. RESULT(S): Twenty-seven articles were included. The articles explored contributing factors (100 %, n = 27), and strategies (59.3 %, n = 16) surrounding unexpected deaths within inpatient psychiatry setting. Studies attributed the causes to (1) medical conditions, (2) restraints, (3) asphyxia, and (4) catatonia or extreme agitation. Studies, mostly case reports, described deaths in those who utilised (5) antipsychotics but greater quality studies, such as case controls denied this association. Corresponding preventive strategies included, (1) medical assessment and treatment (especially cardiovascular disorders and their related risk factors), collaboration with medical physicians, staff training, staffing (increasing physician numbers), (2) usage of better alternatives like counselling, rapid tranquilisation, usage of restraints cautiously as a last resort with thorough observation, (3) risk assessment, training, (4) prompt treatment of catatonia and, (5) simplification of antipsychotic regimen.
CONCLUSION(S): More good quality studies are required to examine this controversial topic. An evidence-based understanding of this important topic can save lives in psychiatry.

Thompson C., et al. (2025) **'Suicide Following Discharge from Inpatient Psychiatric Care: A Retrospective Case Control Study.'** ***Psychiatry Research 351*(pagination), Article Number: 116645. Date of Publication: 01 Se 2025.**
Background and Aims: The period following discharge from psychiatric hospitalization is associated with high suicide risk. This study sought to determine

the rate and associated risk factors of individuals who die by suicide after discharge in Ontario, Canada.
Method(s): This retrospective case-control study, spanning from 2006-2018, utilized Ontario data to compare individuals who died by suicide within 7, 30, and 90 days of discharge with controls. Clinical, demographic, and healthcare utilization factors were compared. A Cox proportional hazards model was utilized to determine factors independently associated with suicide.
Result(s): Across 615,067 psychiatric discharges, there were 320, 771, and 1325 suicide deaths within a 7-, 30-, and 90-day period respectively. These deaths correspond to a suicide rate of 2713, 1525, and 882 deaths per 100,000 person-years and 0.52, 1.25, and 2.15 suicides per 1000 discharged individuals. Cases were more likely to be male, aged 45-54, involve unplanned discharge and a history of suicidal behaviour, and admitted for mood or adjustment disorders. Rural residence, income, medical comorbidity, alcohol, substance use disorder, and psychotic illness were not significantly associated with suicide. Healthcare service utilization did not differ significantly.
Conclusion(s): The suicide rate is highest immediately following discharge and remains elevated above that of the general Canadian population throughout the 90 days afterward. Risk factors identified include mood disorders, male sex, middle age, shorter length of stay, and unplanned discharge - consistent with previous work. Individuals with unplanned discharges and shorter lengths of stay may be good candidates for closer follow-up to mitigate risk.

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