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NHS Ayrshire & Arran

Inpatient psychiatry

February 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. If you require specific information, please contact us via email.

References

Basu, K. (2026) **'Dementia and Delayed Hospital Discharges: Assessing the Post-Discharge Care Gap for Older Adults in Canada.'** ***Hospital Topics*** **, 1–12.**
In Canada, hospitalized patients aged 65 and older with dementia as a primary diagnosis often face delayed discharges due to limited access to long-term care (LTC) facilities and homecare services. This study compares patients aged 65 and older with dementia as the primary diagnosis to those with 16 broad categories of other primary diagnoses-excluding dementia-related conditions where applicable-across three key outcomes: (1) the likelihood of experiencing a delayed discharge, (2) the length of delay among those who experienced one, and (3) among delayed discharge patients, the likelihood of being discharged to one of three destinations-homecare, long-term care with 24-h nurse care (LTC-24), or other post-acute residential care (PARC), including rehabilitation, complex continuing care, group living, or supportive housing. Using 2023-24 data from the Discharge Abstract Database (DAD), this study applies logistic, negative binomial, and multinomial logit models. After adjusting for other factors, patients with primary diagnoses other than dementia were about 35% to 95% less likely to experience a delayed discharge, and when delays occurred, their expected duration was roughly 32% to 65% shorter. All estimates were statistically significant at the 1% level. Among patients who experienced delays, those with other primary diagnoses were also less likely to be discharged to homecare, PARC, or LTC-24 rather than home. These findings

highlight the urgent need to expand access to specialized, affordable post-discharge care for patients with dementia, as their complex needs strain hospital capacity.

Khobrani M., and Alshahrani, S. M. (2025) 'Clinical Pharmacist-Led Interventions and their Impact on Outcomes in Patients with Bipolar I Disorder: A Systematic Review and Meta-Analysis.' *Frontiers in Medicine 12*(pagination), Article Number: 1725491. Date of Publication: 2025.

Background: Pharmacist-led interventions have increasingly been recognized as effective strategies for improving outcomes in psychiatric care, yet their role in patients with bipolar I disorder (BD-I) remains underexplored. This systematic review and meta-analysis synthesized existing evidence on the impact of clinical pharmacist-led interventions (defined as medication education, medication review, adherence support, relapse monitoring, and collaborative care with psychiatrists) on medication adherence, relapse prevention, hospitalization, and quality of life among individuals with BD-I.
Objective(s): To evaluate the effectiveness of pharmacist-led interventions, either alone or in collaboration with psychiatrists, on key clinical and humanistic outcomes in adults diagnosed with BD-I.
Method(s): Electronic databases (PubMed/MEDLINE, Embase, PsycINFO, Scopus, Web of Science, and the Cochrane Library) were searched from January 2000 to August 2025 for randomized controlled trials and non-randomized quasi-experimental designs (prospective cohort studies and pre-post intervention studies) assessing pharmacist-led interventions in BD-I. Studies were screened and appraised independently in accordance with PRISMA 2020 guidelines, using the Cochrane RoB 2 tool for randomized controlled trials and the Newcastle-Ottawa Scale for non-randomized studies. Meta-analyses were performed using Review Manager (RevMan 5.4). Primary outcomes were medication adherence, relapse, hospitalization, and health-related quality of life (QoL). Secondary outcomes included any additional clinical or humanistic measures reported by the included studies. Effect sizes were expressed as odds ratios (ORs) for dichotomous outcomes and as mean differences (MDs) or standardized mean differences (SMDs) for continuous outcomes, each reported with 95% confidence intervals (CIs).
Result(s): Five studies met the eligibility criteria, and four contributed quantitative data. Pharmacist-led interventions significantly improved medication adherence compared with usual care (MD = 1.47 [95% CI: 1.35-1.59], p ^{2} = 38%). Improvements were also observed in quality of life (SMD = -1.89 [95% CI: -4.95-1.20], p = 0.21; I^2 = 90%). Evidence for hospitalization reduction was limited but directionally favored pharmacist involvement.
Conclusion(s): Clinical pharmacist-led interventions significantly enhance medication adherence and quality of life and may reduce relapse risk among patients with BD-I. However, given the limited number of studies and small pooled sample sizes, the overall evidence remains preliminary, and the findings should be interpreted

cautiously rather than as definitive conclusions. Further large-scale, multicenter studies are warranted to confirm these benefits and assess cost-effectiveness. Systematic review registration: [https://www.crd.york.ac.uk/prospero/], identifier [CRD420251123737 04/10/2025].

Liu C.F., et al. (2026) **'Rehospitalization Risk in Community-Dwelling Schizophrenia Patients Receiving Paliperidone Palmitate: A Retrospective Cohort Study in Urban China.'** ***BMC Psychiatry 26*****(1) (pagination), Article Number: 54. Date of Publication: 01 Dec 2026.**
Background: While long-acting injectable paliperidone palmitate (PP-LAI) improves treatment adherence in schizophrenia, rehospitalization risks persist under community management. This study identified factors influencing rehospitalization in community-dwelling schizophrenia patients receiving PP-LAI.
Method(s): A retrospective cohort study included 560 patients from 124 communities in Shenzhen (16 September 2022-15 September 2024). Data were extracted from medical databases. The primary outcome was rehospitalization due to psychiatric relapse. Multivariate Cox regression models were used to identify independent risk factors, adjusting for covariates including age, gender, marital status, employment, guardian relationship, pre-study hospitalization history, treatment phase, and concomitant antipsychotic use.
Result(s): During a median follow-up of 14 months, 50 patients (8.93%) were rehospitalized (rate: 7.83 per 100 person-year). Treatment discontinuation (n = 133) was primarily due to adverse drug reactions (30.08%) and disease relapse (31.58%). Cox analysis identified guardian type (parents vs. spouse: HR = 2.14, 95% CI: 1.05-4.37), pre-study hospitalization history (yes vs. no: HR = 2.69, 95% CI: 1.50-4.81), and treatment discontinuity (discontinuation vs. regular treatment: HR = 8.61, 95% CI: 2.61-28.35) as independent risk factors for rehospitalization.
Conclusion(s): Sensitivity analysis suggested that the elevated risk was substantially driven by patients who discontinued treatment due to disease relapse, indicating a complex interplay between discontinuation and outcome. Prior hospitalization and guardianship by parents also significantly increase risks. Clinical strategies should prioritize maintaining treatment continuity, proactively managing side effects, and strengthening family/community support for high-risk groups to reduce the risk of rehospitalization. Trial registration: Not applicable. (This is a retrospective observational study and does not involve a clinical trial requiring prospective registration).

McCarthy L., et al. (2025) **'Characteristics of Women Admitted to Medium Secure Care: A Comparison of Patients Admitted to Specialised Single-Sex and Mixed-Sex Services in an English Forensic Psychiatric Hospital.'** ***Frontiers in Psychiatry 16*****(pagination), Article Number: 1712853. Date of Publication:**

2025.
Background: Forensic mental health care has evolved from mixed-sex provision to specialised sex-specific services. It is important to understand how the characteristics of women admitted to medium secure care have changed over time and how this may impact on their outcomes after discharge.
Objective(s): The study aims to describe and compare admission and discharge characteristics of two consecutive cohorts; women admitted between 1983 and 2001 to a mixed-sex medium secure care ('Mixed' cohort) and women admitted between 2005 and 2013 to single-sex medium secure care ('Specialised' cohort).
Method(s): Data came from a 30-year study of outcomes for first admissions to an NHS medium secure hospital (the ALACRITy study). Follow-up data were available up to a census date of June 30th 2013.
Result(s): 93 women comprised the Mixed cohort (mean age 29.3 years; 81% White ethnicity; 49% personality disorder diagnosis) and 45 women comprised the Specialised cohort (mean age 32.4 years; 76% White ethnicity; 49% personality disorder diagnosis). The Specialised cohort were more likely than the Mixed cohort to be admitted from high security, or under a forensic section of the Mental Health Act. The Specialised cohort were more likely than the Mixed cohort to have previous convictions, or to have committed a 'grave' index offence warranting a life sentence. Over 95% of all women had received previous inpatient psychiatric care. The Specialised cohort had greater prevalence of alcohol use, self-harm and childhood adversity than the Mixed cohort. At the census, 99% of the Mixed cohort and 42% of the Specialised cohort had been discharged. Women in the Specialised cohort had a longer median length of stay than the Mixed cohort; 859 days and 229 days respectively. Over 80% of patients in the Mixed cohort were readmitted during the follow-up period.
Conclusion(s): The study provides empirical data for two consecutive cohorts of women admitted to one medium secure hospital over the course of thirty years. Women admitted to single-sex services had more criminological and adverse trauma histories than women admitted to the earlier mixed-sex service. Further research is required to establish the long-term outcomes of women admitted to specialised single-sex medium secure care.

Nielson S., et al. (2026) **"In the Midst of a Thunderstorm': Young People's Experiences of Physical Restraint in Inpatient Mental Health Services in the UK.'** ***International Journal of Mental Health Nursing 35*****(1), e70209.**
Within inpatient mental health services, young people who express distress through behaviours may be physically restrained. Little is known about their experiences or perspectives of this restraint. This qualitative Interpretative phenomenological analysis (IPA) study explored young people's experiences of physical restraint. Young people were recruited from three inpatient mental health units in England.

Individual, face-to-face augmented, audio-recorded semi-structured interviews were undertaken. IPA data analysis facilitated the development of subordinate and superordinate themes. The study design was informed by public consultation with young people and their families. Eight young people (five boys, three girls, aged 10-13 years) shared their experiences of physical restraint. The findings are presented within the trajectory of a thunderstorm within three themes: The Gathering ('pre-escalation'), The Thunderstorm (the restraint), and The Aftermath ('debriefing and making sense'). Young people talked about how feelings of being restrained could start long before any physical touch and could continue long after the physical element of the restraint had ended. They described emotional, traumatic and confusing experiences of restraint and often being left with emotional 'debris' for a long time after the incident. They also described situations where physical restraint was used instead of an investment in de-escalation strategies. The current understanding of the trajectory of physical restraint for children and young people within mental health units needs to be adapted to recognise the extended gathering and aftermath stages associated with this intervention.

Oster C., et al. (2026) **'Patient Experiences of a Recovery-Oriented Nursing Programme in Inpatient Psychiatric Care: A Qualitative Study.'** ***Journal of Psychiatric and Mental Health Nursing*** **(pagination), Date of Publication: 07 Jan 2026.**

INTRODUCTION: Patient experiences of recovery-oriented nursing practices in psychiatric inpatient care are understudied. Steps Towards Recovery (STR) is a nursing-led programme developed to promote personal recovery through empowering each patient's ability to identify resources, find solutions and gain control over one's life. AIM: The aim was to evaluate patients' experiences of participating in STR.
METHOD(S): Interviews with 18 patients participating in STR group sessions at a psychiatric inpatient clinic. Data were inductively analysed with applied thematic analysis.
RESULT(S): Three themes were identified. STR group sessions, with the manual-based contents, seem beneficial for taking the first steps towards a personal recovery process. Participants described an increased ability to see things from different angles, could focus their thoughts more positively, and underlined the importance of maintaining these strategies after discharge. Group leaders' skills related to psychiatric inpatient care were also reflected on.
DISCUSSION(S): STR seems to promote personal recovery. Psychiatric inpatient care requires group leaders trained in STR with competence to manage advanced psychiatric nursing care. LIMITATIONS: Data were collected at one clinic, decreasing transferability. IMPLICATIONS: Recovery-oriented programmes in psychiatric wards

can support patients' first steps towards recovery. RECOMMENDATIONS: Nursing-led programmes supporting personal recovery should be implemented in psychiatric wards.

Roberts P.S., et al. (2025) **'Linking Data to Determine Risk for 30-Day Readmissions in Dementia.'** ***The American Journal of Managed Care 31*(12), e371–e377.**
OBJECTIVE: The demand and the landscape of options for dementia care are growing. Standardization of care for persons with Alzheimer disease and related dementias (ADRD) lacks infrastructure across episodes of care. Use of electronic health records (EHRs) in practice settings yields valuable information that can enhance continuity of patient care. The objective of this study was to use EHR-derived variables to identify risk factors for 30-day readmissions in the ADRD population across episodes of care. STUDY DESIGN: Cross-sectional, retrospective study of older adults (aged >= 65 years) with ADRD discharged from a large urban academic medical center between October 1, 2018, and March 31, 2022. METHOD(S): Data extracted across episodes of care from the EHR included demographic characteristics, medical variables, and encounter variables. RESULT(S): A total of 14,101 patients diagnosed with ADRD were included in the study. Factors associated with patients being more likely to experience 30-day hospital readmissions included advanced age, male sex, being a non-English speaker, having more severe comorbidities, staying in the hospital for more than 5 days, having had more than 1 surgical procedure in the prior 6 months, having had 3 or more inpatient admissions in the 6 months prior to index admission, having had more than 3 physician consultations in the prior 6 months, and having been discharged to settings other than home (all P < .05). CONCLUSION(S): By utilizing the EHR to connect medical and encounter data across episodes of care, health care providers and administrators can gain valuable insight into identifying factors contributing to readmissions, which could be used to improve continuity of care for patients and caregivers, ultimately leading to better outcomes and reduced health care costs.

Tingleff E.B., et al. (2026) **'Service Users' Experiences and Perceptions of Carer Support and Involvement in Care and Treatment in Adult Mental Health Inpatient Settings: A Qualitative Evidence Synthesis.'** ***International Journal of Mental Health Nursing 35*(1), e70217.**
Over the past decade, research has increasingly addressed the support needs of carers in mental health settings and their involvement in care and treatment. However, service users' perspectives have received comparatively limited attention, despite the importance of their preferences as a key starting point for carer involvement. Furthermore, existing evidence remains scattered across smaller

qualitative studies. The aim of this qualitative evidence synthesis of adult mental health inpatient service users' experiences and perceptions of carer support and involvement in care and treatment. Systematic searches were conducted in CINAHL, PubMed, APA PsycINFO and Scopus for literature published between January 1, 2000 and January 3, 2025. Grey literature was identified through OpenGrey, GreyGuide, ProQuest Dissertations & Theses Global, Google, Google Scholar and relevant websites. Eligible studies underwent quality appraisal and were analysed using a thematic approach. Fourteen studies were included, encompassing findings from 632 service users. Five themes were developed: (1) eagerness versus hesitations towards involvement of carers in care planning, care and treatment; (2) the significance of receiving support from carers in coping with mental illness; (3) the necessity of supporting carers-recognising needs and burdens; and (4) institutional barriers to carer support and involvement. These four themes are interrelated with an overarching theme five: (5) relationship between service users and carers. The overarching theme reveals that service users' perceptions of whether carer involvement and support were meaningful depended on the significance and quality of the relationship, which in turn was shaped by carers' knowledge and understanding of mental illness.

Wancata J., et al. (2026) **'Psychiatric Inpatient and Outpatient Care: Changes and Challenges.'** ***International Review of Psychiatry*** **(pagination), Date of Publication: 2026.**

In the last decades mental health services experienced dramatic changes with a sharp decrease of psychiatric hospital beds and the integration of psychiatric inpatient care into medical care. In addition, psychiatric outpatient services have been developed and expanded. While some experts suggest to treat even very acute patients as outpatients, others recommend inpatient treatment for them. While numerous disadvantages of psychiatric hospital treatment have been eliminated, others continue to burden mentally ill persons. We assume that most of these disadvantages can be eliminated resulting in a better balance between in- and outpatient care. Despite the integration of psychiatric inpatient services into general hospitals high proportions of mentally ill persons suffer from comorbid physical diseases resulting in increased mortality. Better collaboration between specialists in medicine and psychiatrist is needed. New collaborative models based on scientific evidence can support this. All health professionals need a comprehensive education of this somatic-psychiatric comorbidity. Recent studies have shown that lifestyle interventions can prevent some somatic comorbid illness. Until now implementation of these preventive measures is rare, requiring a massive extended implementation in the next years. Overall, this will need sophisticated research, new health care strategies and adequate resources.

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