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Inpatient psychiatry

October 2025

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

Brasso C., et al. (2025) 'Use of Long-Acting Injectable Antipsychotics in an Acute Inpatient Psychiatric Unit and 90-Day Re-Hospitalization Rates: Results of an Observational Prospective Study.' *Therapeutic Advances in*

***Psychopharmacology* 15(pagination), Article Number: 20451253251367591.**

Date of Publication: 01 Jan 2025.

Background: Poor adherence to antipsychotic medications is the leading cause of relapses and hospitalizations in patients with schizophrenia, resulting in worse functional outcomes and quality of life. Long-acting injectable (LAI) antipsychotics are an effective therapeutic option to improve adherence, but they are often underutilized, particularly during inpatient care.

Objective(s): To investigate the predictive factors for LAI utilization among inpatients with schizophrenia and to assess whether initiating a LAI antipsychotic treatment during hospitalization reduces the risk of readmission.

Design(s): Observational prospective study.

Method(s): Patients were evaluated at admission, discharge, and after 3 months.

Two comparisons were performed: patients who initiated a LAI during the hospitalization versus those who continued with oral antipsychotics, and readmitted versus not-readmitted patients within 3 months. Factors statistically associated with LAI initiation or readmission were entered as independent variables in two backward logistic regression models, having "LAI initiation" and "rehospitalization at three

months" as outcomes.

Result(s): One hundred two patients were included. Twelve were lost at follow-up. Forty-two (44%) initiated an LAI during the admission. Subjects who received LAI were significantly younger, more educated, and less adherent to treatment. Thirty (33%) patients were readmitted within 3 months after discharge. Re-hospitalized subjects had more psychiatric hospitalizations in the past and a lower rate of LAI antipsychotic treatment initiation during the studied hospitalization: 5/39 (13%) patients prescribed a LAI antipsychotic were readmitted within 3 months, compared with 25/51 (49%) prescribed an oral antipsychotic medication (OR = 0.19; p = 0.002).

Conclusion(s): Introducing LAI antipsychotic treatment during a psychiatric hospitalization may reduce the risk of early readmissions, thus facilitating the improvement of the course of the illness and the patient's quality of life.

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Deptula A., et al. (2025) '[Anger Predictors of Aggressive Behavior on an Acute Inpatient Psychiatric Unit.](#)' *Journal of the American Psychiatric Nurses Association* , 10783903251359704.

BACKGROUND: Violent behavior by patients on psychiatric units is a topic that has received considerable attention, particularly with regard to its consequences for nursing staff. While studies have sought to identify predictors of violence by inpatients, there is a dearth of research on dynamic risk factors, particularly anger.

AIMS: The present study investigates the viability of assessing anger among patients on an acute civil commitment psychiatric hospital unit and to examine its association with aggressive behavior.

METHOD(S): We evaluated the psychometric properties of several patient-rated anger assessment instruments and tested whether anger was predictive of subsequent patient-rated and nurse-rated aggressive behavior during the hospital stay of 42 patients. A brief, semi-structured diagnostic interview and measures of depression, early trauma, and coping were also used.

RESULT(S): Patients' self-ratings of anger, across all the psychometric scales, had high internal consistency and high concurrent validity, along with convergent and discriminant validity. Patient-rated anger was associated with patient-reported physical and verbal aggression and was prospectively predictive of aggressive behavior observed by psychiatric nurses, controlling for age, gender, and depression.

CONCLUSION(S): Patients on an acute psychiatric unit can self-report anger that bears on their risk for short-term aggressive behavior. The value of nurse

involvement in monitoring patients' anger on inpatient psychiatric units is discussed, along with nurse-supported anger treatment programs.

Ino H., et al. (2025) '[Effect of Social Resources on Readmission Prevention and the Influence of Informal Coercion in Acute Schizophrenia: A Retrospective Quasi-Experimental Cohort Study.](#)' *Schizophrenia Research* 285, 1–10.

Introduction: During hospitalization, social resources are introduced with or without informal coercion as means of supporting the life of people with acute schizophrenia in the community. However, neither the effect of social resources in general on preventing readmission nor that of informal coercion on clinical outcomes is known. We aimed to examine the overall effect of social resources on preventing the readmission of people with acute schizophrenia and the clinical impact of informal coercion.

Method(s): The present study identified 659 participants with schizophrenia, followed them for two years, and performed survival analyses using inverse probability of treatment weighting Kaplan-Meier and Cox proportional hazards analyses.

Participants were first grouped by the social resource introduction. Those who declined the introduction were further categorized into coercive introduction, elicitory introduction, or personal needs groups.

Result(s): Participants in the social resource introduction group had a significantly lower risk of readmission than those in the control group (hazard ratio [HR]: 0.75; 95 % confidence interval [CI]: 0.57-0.99; $P = 0.041$). The number needed to treat was 7.2. The coercive introduction group showed no readmission risk reduction (HR: 1.53; 95 % CI: 0.75-3.13; $P = 0.24$) while the elicitory introduction group had a significantly lower risk than the personal needs group (HR: 0.50; 95 % CI: 0.31-0.82; $P = 0.006$).

Conclusion(s): Introducing social resources can prevent readmission for acute schizophrenia, but coercive introduction may negate this benefit. Medical staff should avoid informal coercion and adopt strategies that elicit motivation when introducing social resources.

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Ren B., et al. (2025) '[Cross-Site Predictions of Readmission After Psychiatric Hospitalization with Mood Or Psychotic Disorders: Retrospective Study.](#)' *JMIR Mental Health* 12(pagination), Article Number: e71630. Date of Publication: 2025.

Background: Patients with mood or psychotic disorders experience high rates of unplanned hospital readmissions. Predicting the likelihood of readmission can guide discharge decisions and optimize patient care.

Objective(s): The purpose of this study is to evaluate the predictive power of structured variables from electronic health records for all-cause readmission across multiple sites within the Mass General Brigham health system and to assess the transportability of prediction models between sites.

Method(s): This retrospective, multisite study analyzed structured variables from electronic health records separately for each site to develop in-site prediction models. The transportability of these models was evaluated by applying them across different sites. Predictive performance was measured using the F1-score, and additional adjustments were made to account for differences in predictor distributions.

Result(s): The study found that the relevant predictors of readmission varied significantly across sites. For instance, length of stay was a strong predictor at only 3 of the 4 sites. In-site prediction models achieved an average F1-score of 0.661, whereas cross-site predictions resulted in a lower average F1-score of 0.616. Efforts to improve transportability by adjusting for differences in predictor distributions did not improve performance.

Conclusion(s): The findings indicate that individual site-specific models are necessary to achieve reliable prediction accuracy. Furthermore, the results suggest that the current set of predictors may be insufficient for cross-site model transportability, highlighting the need for more advanced predictor variables and predictive algorithms to gain robust insights into the factors influencing early psychiatric readmissions.

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Saribudak T.P., et al. (2025) '[Understanding Compassionate Care in Acute Psychiatric Settings: A Phenomenological Study from the Perspectives of Patients with Psychiatric Diagnoses.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(5), 1097–1110.

INTRODUCTION: Despite the increasing body of research exploring the role of compassionate care in inpatient experiences and the growing emphasis on compassion as a key component of high-quality healthcare, a significant gap remains in understanding compassionate care from the perspectives of psychiatric patients. Furthermore, no studies have specifically examined this issue within the context of acute psychiatric settings in Türkiye. AIM: This qualitative study aimed to explore psychiatric patients' perceptions and experiences of compassionate care.

METHOD(S): Fourteen phenomenological, semi-structured interviews were conducted with psychiatric patients between October 2024 and February 2025.

RESULT(S): The data were analysed using Colaizzi's seven-step descriptive analysis method, revealing five key themes: (Bond et al. 2022) Compassionate Care, (Bond et al. 2024) Non-Compassionate Care, (Brown et al. 2014) The Healing Power of Compassion, (Camenzuli-Chetcuti and Haslam 2021) Perceptions of Compassionate Care Barriers and (Creswell 2012) Suggestions for Improvement.

DISCUSSION(S): As reported by participants, compassionate care primarily includes therapeutic communication skills and a responsive, attentive approach to patients' needs. In contrast, non-compassionate care is characterised by ineffective

communication, as well as practices such as coercive treatment and the use of restraints. The findings suggest that compassionate care plays a crucial role in facilitating the recovery process of psychiatric patients. Absence of compassion, on the other hand, can prevent effective communication, exacerbate psychiatric symptoms, delay treatment adherence and ultimately worsen patient prognosis.

IMPLICATIONS FOR PRACTICE: Psychiatric nurses should be provided with continuous professional development opportunities designed to enhance their understanding of compassionate care and cultivate the skills necessary for effective delivery. Institutional leaders are also responsible for reducing patient-nurse ratios, monitoring for signs of compassion fatigue among psychiatric nurses, and implementing strategies for coping with and preventing compassion fatigue.

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Yuan G.F., et al. (2025) '[Implementing Ecological Resilience Interventions in Mental Health Nursing: A Four-Dimensional Approach for Adolescent Post-Discharge Care.](#)' *Archives of Psychiatric Nursing* 58, 151961.

Adolescents transitioning from inpatient psychiatric care face heightened vulnerability, with traditional post-discharge approaches failing to address multifaceted mental health challenges. The purpose of this article is to explore the implementation of ecological resilience interventions through a four-dimensional framework comprising family system integration, school collaboration, community resource mobilization, and healthcare coordination to enhance adolescent post-discharge outcomes. This newly proposed integrated approach recognizes resilience emerges from dynamic interactions between individual characteristics and environmental supports across multiple ecological levels. Evidence demonstrates multi-level interventions targeting family functioning, educational environments, community connections, and healthcare coordination show superior effectiveness compared to single-intervention strategies in reducing symptoms, improving functional outcomes, and preventing relapse. The four-dimensional ecological resilience framework represents a paradigm shift in mental health nursing practice, offering evidence-based strategies for addressing interconnected factors influencing adolescent mental health during critical post-discharge transitions.

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