Library and Knowledge Services

Saving you time so you can save lives

NHS Ayrshire & Arran

Inpatient psychiatry

June 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

Carr L., et al. (2024) 'Patient Perspectives on Psychological Interventions Provided in Adult Psychiatric Inpatient Wards: A Thematic Synthesis.' *Clinical Psychology & Psychotherapy 31*(1), e2946.

OBJECTIVES: Psychological intervention is an important part of psychiatric inpatient treatment for people experiencing severe problems affecting their mental health. Unfortunately, many service users accessing acute inpatient services are not being offered psychological interventions. Recent research has focussed on effectiveness, facilitators and barriers to providing psychological interventions in this setting. This review aimed to provide a qualitative synthesis of service user perspectives regarding psychological interventions provided on inpatient wards, to understand what is helpful and unhelpful about current provision.
METHOD(S): A systematic literature search of four databases was conducted to identify published qualitative literature regarding service user perspectives of NICE-recommended psychological interventions provided on adult acute mental health inpatient wards. Study quality was assessed using the Critical Appraisal Skills Programme tool. Data was analysed and synthesised using thematic analysis.
RESULT(S): The search was completed in May 2023. Seventeen studies were included in the review and encapsulated feedback from at least 192 service users. All studies were rated as high or moderate on the quality appraisal tool. Three superordinate themes were identified: 'Connecting with Others', 'Psychological

Processes' and 'Engaging with the Intervention'. Participants valued supportive relationships with peers and therapists and felt empowered to achieve change through expression, focussing on difficulties and gaining new perspectives. Participants wanted more support to maintain benefits and sometimes struggled to engage with group therapy due to difficult peer dynamics.
CONCLUSION(S): The results give a detailed synthesis of some of the important factors, from service users' perspectives, for accessing psychological interventions. Recommendations for clinical practice and future research are provided.

Galik E., et al. (2026) **'Antipsychotic Drug use from Acute Care Admission to Discharge and 1Month Post Discharge among Older Adults Living with Dementia.'** ***Clinical Nursing Research 35*(4), 225–232.**
Given the persistent use of antipsychotics during hospitalization and continued use post discharge, there is a need to consider alternative treatment options. The purpose of this study was to evaluate the use of antipsychotics in a sample of hospitalized older adults living with dementia and determine if exposure to Function Focused Care resulted in a decrease in antipsychotic use between admission, discharge, and 1 month post hospitalization. This was a secondary data analysis using data from the study Testing the Effectiveness of the Function Focused Care for Acute Care Study Using the Evidence Integration Triangle (FFC-AC-EIT). A total of 455 residents from 12 nursing homes in two states were included in the study. Sites were randomized to FFC-AC-EIT versus Education Only. The mean age of the participants was 82 years (Standard deviation [SD] = 8.5) and the majority was female (63%), White older adults (65%), married (36%), with high school or more education (81%), and moderate to severe cognitive impairment based on a Saint Louis University Mental Status Exam score of 7.5 (SD = 6.0). Overall, on admission, 17% were on an antipsychotic medication, at discharge, this increased to 21%, and at 1 month, it decreased to 19%. The repeated-measure analysis showed there was a significant difference in antipsychotic use between treatment groups over time (Pillai's Trace of .05, F = 8.9, p = .001). The intervention group increased in usage from 15% on admission to 23% at discharge and decreased to 18% at 1-month post discharge. Conversely, the control group remained essentially the same over time at 20% on admission and discharge and 21% at 1-month post discharge. The findings from this study confirm that there continues to be use of antipsychotics during hospital admissions, and individuals are still discharged on these medications and continued on these medications over time. There was no evidence to support the value of our FFC-AC-EIT in terms of decreasing the use of antipsychotics over time. Future research is needed to develop interventions focused on decreasing the use of antipsychotics.

Grontved S., et al. (2026) **'Predictive Validity of the READMIT Risk Index and Development of a Prediction Model for Psychiatric Readmission within 30 Days among Patients with Major Depressive Disorder.'** ***Journal of Psychiatric Research 198*, 123–132.**

BackgroundWhen discharging patients, identifying those with a high risk of short-term readmission is crucial, as these readmissions may disrupt patient recovery and increase healthcare costs. The READMIT risk index has been developed to address this need across all psychiatric diagnoses. However, a broad model might not be applicable to specific diagnoses, e.g., major depressive disorder.ObjectivesWe aimed to investigate the predictive validity of the READMIT risk index in a cohort of Danish patients suffering from major depression, and to develop an alternative prediction model for the risk of readmission within 30 days.ResultsBased on national register data, we included 24,984 patients discharged from a Danish psychiatric hospital after treatment for major depression. The proportions of patients who experienced readmission within 30 days were 8% (n = 1969) with major depression, 13% (n = 3343) with any psychiatric diagnosis, and 19% (n = 4718) with all-cause readmission. For readmission related to major depression, the predictive performance of the READMIT index, defined as area under the receiver operating characteristic curve (AUC), was 0.48 (95% CI:0.47; 0.49), whereas the prediction model developed in this study showed an AUC of 0.58 (95% CI:0.57; 0.59).ConclusionNeither the READMIT risk index nor a newly developed alternative prediction model based on individual-level variables, achieved an acceptable AUC, i.e., 0.70 or above, and were therefore not able to appropriately predict the risk of readmission within 30 days for patients with major depressive disorder. However, organizational factors and factors related to capacity in the Danish psychiatric system could potentially improve the results.

Llorca P.M., et al. (2026) **'Real-World Effectiveness of Antipsychotic Polytherapy on Rehospitalization in Psychotic Disorders: A French Nationwide Cohort Analysis.'** ***Comprehensive Psychiatry 148*(pagination), Article Number: 152704. Date of Publication: 01 Jun 2026.**

Background: Antipsychotic polytherapy (APP) is common in clinical practice for psychotic disorders. Previous studies suggest that APP may offer advantages over monotherapy (APM) regarding effectiveness and all-cause discontinuation. This nationwide study assessed the reproducibility and robustness of these findings. The primary objective was to compare psychiatric readmission rates between APP and APM in psychotic disorder patients Methods: Data were extracted from the French National Health insurance database (SNDS). Patients aged 18 or older with at least one psychiatric hospitalization between 1 January 2014 and 31 December 2020 were included. The primary outcome was time to psychiatric readmission. A within-

individual study design was applied to limit confounding, by comparing periods with different treatment exposures within the same patient Findings: A total of 234,959 adults with at least one hospitalization for a psychotic condition were included, with a median follow-up of 7 years. Antipsychotic treatment was associated with a (20%-50%) reduction in psychiatric readmission risk compared with no treatment. Rehospitalization remained common (71.6%). The median cumulative rehospitalization duration was 67 days, and 21.8% of patients had more than four admissions. Among the 71.1% exposed to APP, several combinations demonstrated distinct benefits. Clozapine-inclusive combinations (with risperidone or amisulpride) and loxapine-amisulpride combinations reduced rehospitalization risk. Quetiapine combinations also lowered risk by (10%- 20%) compared with quetiapine monotherapy Interpretation: Derived from a large cohort, our findings corroborate previous evidence that APP's benefit reduces psychiatric rehospitalization and support its utility for psychotic specific patient subpopulations. This study confirms the reproducibility and robustness of APP's effectiveness in real-world settings

Nikolaidis K., et al. (2026) **'Intensive Home Treatment Compared to Inpatient Psychiatric Treatment: A 36-Month Follow-Up of a Propensity-Score Matched Retrospective Multicenter Cohort Study.'** ***BMC Psychiatry 26*****(1) (pagination), Article Number: 318. Date of Publication: 01 Dec 2026.**
Background: Intensive Home Treatment (IHT) has been implemented as an alternative to inpatient psychiatric treatment for selected patients requiring acute care. While short-term reductions in inpatient utilization have been reported, evidence on long-term outcomes beyond 12 months-particularly regarding readmissions, treatment days, and broader psychiatric service use-remains limited. This study evaluates the 36-month effectiveness of IHT compared to inpatient treatment (IT) in routine care, focusing on readmission rates, treatment days, and outpatient service engagement.
Method(s): We conducted a retrospective propensity-score matched cohort study using routine clinical data from three psychiatric hospitals in Berlin, Germany. Patients receiving IHT were matched (1:1) to patients receiving IT based on age, gender, diagnosis, and prior service utilization. Outcomes included inpatient and combined readmissions (IT, IHT and day clinic), treatment days, time to readmission, and first-time use of the Psychiatric Outpatient Department (POD) over 36 months. Statistical analyses included binary logistic regression, Kaplan-Meier survival analysis with log-rank testing, and non-parametric tests.
Result(s): 263 patients receiving IHT were matched to 263 patients treated with IT, with no statistical differences at baseline between groups. The IHT group had significantly lower inpatient readmission rates (41.1% vs. 55.5%, p = 0.001), fewer inpatient readmissions (mean 1.72 vs. 2.02, p = 0.005), and fewer inpatient days (48.5 vs. 51.7, p = 0.003) compared to IT over 36 months. Time to readmission was

longer for IHT (median not reached vs. 610 days for IT, p = 0.001). Combined readmission rates (IHT + IT+day clinic) did not differ significantly (61.2% vs. 64.3%, p = 0.47). IHT patients were more likely to initiate for the first time a POD treatment (33.5% vs. 24.7%, p = 0.035) and had more IHT readmissions (mean 0.85 vs. 0.35, p < 0.001).
Conclusion(s): In this selected cohort of patients deemed suitable for home-based acute care, IHT was associated with fewer inpatient readmissions and a longer time to inpatient readmission over a 36-month follow-up period. Overall acute psychiatric care use (inpatient + IHT) did not differ between groups, suggesting that IHT may not reduce overall acute care need but may shift care from inpatient settings toward home-based treatment.These findings should be interpreted cautiously given the non-randomized study design and the likelihood of residual selection bias. Limitations include restricted generalizability to rural areas and lack of clinical symptom data. Further multi-centre studies are needed to confirm these results regarding long-term effects across diverse healthcare systems. Trial registration: German Clinical Trials Register (DRKS), DRKS00036833. Registered May 21, 2025, https://www.drks.de/search/de/trial/DRKS00036833/details.

Racine C.W., et al. (2026) **'Evaluating the Predictive Validity of the Fordham Risk Screening Tool (FRST) for Violent Behavior during Inpatient Psychiatric Hospitalization.'** ***Community Mental Health Journal 62*(4), 705–712.**
Prior research has shown the Fordham Risk Screening Tool (FRST) to be accurate in assessment of violence risk when compared to more comprehensive risk assessment instruments. However, a link between any violence risk screening tool and actual markers of violent behavior is absent in the literature. This study, therefore, sought to determine whether the FRST could be used to accurately assess the likelihood of violence, and markers of violence, during an inpatient psychiatric admission. This retrospective health records survey examined data from a consecutive cohort of adults (N = 423) admitted to an inpatient psychiatric unit from the emergency department (ED) from September 1, 2022, through June 30, 2023. Both electronic and manual abstraction strategies were used to evaluate FRST screening tool results collected in the ED and markers of violent behavior during subsequent inpatient hospitalization. When comparing the proportion of subjects who experienced a violent incident while hospitalized in the FRST positive and FRST negative groups, a significant difference was noted with a greater proportion of those with a positive FRST screening experiencing a violent event (33.0% vs. 8.1%, for the positive and negative screening groups, respectively, chi2 = 41.046, df = 1, p < 0.001). Sensitivity and specificity were 33.0% (95% CI: 24.7%-42.5%) and 91.9% (95% CI: 88.1%-94.6%), respectively. The positive predictive value was 60.3% (95% CI: 47.2%-72.2%) and the negative predictive value was 78.6% (95% CI: 73.9%-82.7%). The area under the receiver operating characteristic curve (AUROC) for the

predictive ability of the FRST was 0.305 (standard error [SE] 0.038), 95% CI: 0.230-0.381). Overall, the FRST instrument showed mixed results as a screening tool to detect the potential of violent behavior in admitted psychiatric inpatient adults. While there was a significant difference in violent events between FRST positive and negative groups, metrics assessing predictive validity and reliability of the FRST were limited. Utilization of a screening tool such as the FRST should continue to be paired with additional efforts to evaluate inpatient risk of violent behavior.

Rubenstein Z., et al. (2026) **'A Systematic Review of Outcomes for People with Intellectual Disabilities and/Or Autistic People Following Resettlement from Long-Stay Hospitals in the UK.'** ***Journal of Applied Research in Intellectual Disabilities : JARID 39*(3), e70244.**
BACKGROUND: Despite attempts to reduce the use of modern secure specialist hospitals (long-stay hospitals) for people with intellectual disabilities and/or autistic people, there remains a limited understanding of what happens after discharge.
METHOD(S): Systematic review of outcomes following resettlement from UK long-stay hospitals.
RESULT(S): Outcomes generally improve following resettlement, although some soon level off and rarely reach the level of comparable populations. We still know little about service costs or about how many readmissions/reconvictions to expect given the complexity of people's needs and such rates in other settings. Above all, most studies fail to meaningfully include the voices of people themselves.
CONCLUSION(S): Outcomes improve after hospital, but this is not guaranteed and even improved outcomes may still not be good enough. Future research should aim to fill a number of gaps in current knowledge-but in particular must draw much more meaningfully on the lived experience of people and families.

Thompson J.E., et al. (2026) **'Inter-Rater Reliability of the Team Formulation Quality Rating Scale (TFQS) in Inpatient Mental Health Teams.'** ***The British Journal of Clinical Psychology 65*(2), 439–450.**
OBJECTIVES: Team formulation is associated with better working relationships between staff and service users. However, there is a need for greater standardization of practice. We aimed to investigate the inter-rater reliability of the Team Formulation Quality Rating Scale (TFQS) and explore what aspects of team formulation practices were most frequently adhered to.
METHOD(S): Staff at nine acute mental health wards participated in team formulation sessions facilitated by Health Care Professions Council registered psychologists. Formulation sessions were audio recorded, and raters used recordings to complete the TFQS. At least two raters rated 19 team formulation

sessions.
RESULT(S): The TFQS demonstrated excellent inter-reliability for the total scale (ICC = .926, 95% CI = .820 to .971) and moderate inter-rater reliability for subsection A (ICC = .660; 95% CI = .278 to .862) and subsection B (ICC = .733; 95% CI = .361 to .898). Overall, the items for 'collaboration' and 'consideration of life events' were rated better in terms of quality, compared with items relating to 'close of meeting' and 'consideration of goals and values' which tended to receive lower quality ratings.
CONCLUSION(S): The TFQS is a reliable tool for measuring quality of team formulation within inpatient settings and should be used in future research and clinical practice. Psychometric properties should be assessed across different clinical settings. Training and supervision should ensure that psychologists' formulations incorporate a focus on the individual's goals and values impacting problem development and resolution.

End of Document