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# Inpatient psychiatry

December 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.

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## References

**Corderoy A., et al. (2025) 'The Benefits and Harms of Inpatient Involuntary Psychiatric Treatment: A Scoping Review.' *Psychiatry, Psychology and Law* 32(5), 734–781.**

This scoping review examined quantitative research comparing involuntary inpatient groups with voluntary inpatients or other comparator group. Ten themes were identified: patient knowledge of legal status, experienced or perceived coercion, effects on medication use, clinical effects measured on outcome scales, effects on psychiatric readmission, use of restraints and seclusion, effects on suicide and deaths, patient satisfaction, length of stay and carer experiences. The review found that involuntary inpatient admission was associated with harms including increased subjective and objective coercion, increased cost and decreased patient satisfaction. In addition, it found that there may be significant confusion among both voluntary and involuntary patients regarding their legal rights. However, patients admitted on an involuntary basis experienced greater improvements in symptoms and function, possibly due to greater symptom burden prior to admission. Involuntary treatment carries the potential for both benefit and harms that should be acknowledged and mitigated by service providers.

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**Fleury M.J., et al. (2025) '[Predictors of Readmission to Substance-Related Disorder Treatment Over a Five-Year Period.](#)' *International Journal of Drug Policy* 145(pagination), Article Number: 105016. Date of Publication: 01 Nov 2025.**

Background: Treatment readmission is frequent among patients with substance-related disorders (SRDs). This study aimed to identify clinical, sociodemographic and service use predictors of readmission to SRD treatment within a 5-year period (2017-2022) following initial treatment episodes.

Method(s): Data from 8277 patients showing at least one SRD treatment episode in specialized addiction treatment centers in 2013-2017 (Quebec, Canada) were merged with provincial health administrative databases (1996-2022). Readmission predictors were tested using Cox proportional hazards to measure patient characteristics, and SRD treatment over the previous 8 years (2009-2017). Logistic regression assessed other service use for the 12 previous months, as co-occurring disorders could influence readmission.

Result(s): Over the 5 years following their last SRD treatment, 36 % of patients were readmitted. Were more likely to be readmitted: men, individuals who were younger, unemployed, not living in rural areas, had chronic SRDs, alcohol-related disorders, common mental disorders, 5+ prior SRD care episodes, got residential treatment, showed high dropout rates, and those who waited <30 days to access treatment. Readmission was likelier in patients who had access to psychiatrists and psychosocial services, had high continuity of physician care, and used more acute care - especially emergency departments.

Conclusion(s): Patients with more social and health issues and high prior and diversified service use showed higher risk of readmission. This suggests that care could be improved significantly to reduce readmission, especially through better detection and need assessment of patients with multiple prior SRD treatment episodes, dropouts and acute care use, and by increasing long-term follow-up care. Copyright © 2025 Elsevier B.V.

**Griffin B., et al. (2025) '[Exploring how the Psychological Safety of Patients is Impacted by Restrictive Practices in Inpatient Mental Healthcare: A Qualitative Study.](#)' *International Journal of Mental Health Nursing* 34(6), e70148.**

Restrictive practices are used to contain risk and maintain physical safety on inpatient mental health wards, but have been shown to negatively impact patient well-being and trust. Researchers and professionals have suggested that inpatient mental healthcare focuses on physical safety at the expense of psychological safety. The relationship between restrictive practices and psychological safety has not yet been explored. This study aimed to explore the impacts of receiving and witnessing restrictive practices on psychological safety, to understand what could be done to make restrictive practices psychologically safe. Eighteen semi-structured interviews were carried out with former patients (aged 20-60 years) who had been discharged

for longer than 6 months from adult inpatient mental healthcare in the United Kingdom. Data were analysed using reflexive thematic analysis. Four themes were generated: (1) Reactive over proactive care: seeing the behaviour and not exploring the reason, (2) A chaotic environment cannot provide safety for patients and staff, (3) Psychological impact of the (perceived) power imbalance between staff and patients and (4) Emotionally all in it together, for better or worse. The results support that physical risk is heightened in inpatient settings, but containing this should not come at the expense of psychological safety. Supportive communication and giving small acts of control to patients should be prioritised to enhance the psychological safety of patients.

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**Hsiung K.S., et al. (2025) '[Parent-Focused Interventions Delivered in the Inpatient Child and Adolescent Psychiatry Setting: A Scoping Review.](#)' *Clinical Child Psychology and Psychiatry* 30(4), 850–864.**

Psychiatric hospitalization of a child or adolescent is a highly stressful time for parents, who play a central role in their child's mental illness and recovery. Little is known of evidence-based interventions to support parents during their child's admission. This scoping review aims to examine the evidence for existing parent-focused interventions in the acute inpatient child and adolescent psychiatry setting. A literature search was conducted across six databases. Three authors were involved in screening and data extraction procedures. Results were categorized by (1) intervention format, (2) intervention content and treatment targets, (3) feasibility outcomes, and (4) parent outcomes. Nine studies encompassing 9 interventions were included in the final review. Interventions included parent groups ( $n = 3$ ), 1:1 peer support ( $n = 2$ ), individualized family-based assessments and interventions ( $n = 2$ ), an adolescent milieu curriculum ( $n = 1$ ), and a website intervention ( $n = 1$ ). Outcomes were heterogeneous which limited comparison between interventions. All interventions were well-received by parents. We conclude that results of this review do not support any one intervention, though all led to parent satisfaction. Some feasibility challenges were encountered, which should be considered in future implementation. More rigorous studies are needed to provide stronger evidence for any one type of parent-focused intervention in the acute inpatient child and adolescent setting.

**Hunter L., and McSparron, D. (2025) '[Reducing the Length of Time Psychiatric Patients Who are Assessed as Requiring an Adult Mental Health Inpatient Bed Spend in the Emergency Department; a Systemic Quality Improvement Journey.](#)' *Journal of Psychiatric and Mental Health Nursing* 32(6), 1363–1379.**

PRESENTING PROBLEM: There are significant pressures on Adult Mental Health Crisis and Inpatient Services, which is a complex and fragile system. This has led to psychiatric patients spending protracted waits in emergency departments (ED) for

access to a mental health inpatient bed. This paper describes a large-scale improvement project that adopts a systemic approach to understanding the problem and testing change ideas generated by staff to bring about improvement. The SQUIRE guidelines were followed in writing this paper. TESTS OF CHANGE: The change ideas tested were: Testing of a 7 Day Assessment Centre to provide an alternative pathway for low risk patients waiting in ED. This facilitates a longer period of assessment for the patient and enables the provision of short-term intervention, stabilising the patient and decreasing the reliance on an inpatient admission. Testing of the Side by Side Model, which promotes joint assessment and care planning for mental health patients presenting in the ED experiencing a crisis. Adult Mental Health and ED professionals work collaboratively, thereby reducing the length of time the patient is waiting in ED to determine an assessment outcome and to find the right care pathway. Improved Interface working between Inpatient and Community Services to facilitate timely discharge and address the delayed discharge position, improving overall flow in the system.

OUTCOME(S): Quality improvement methodologies were adopted to engage staff in the process and to measure the impact of change ideas. There has been evidence of improvement in the system with regards to: a reduction in the length of time that psychiatric patients are waiting in ED to complete their assessment and determine the right care pathway, a reduction in admissions to our adult mental health inpatient wards and reduced bed occupancy, an increase in patients discharged on a community pathway, a reduction in the number of patients waiting in ED, a reduction in the delayed discharge position and the number of patients becoming delayed in adult mental health inpatient wards through better interface working. This has led to overall decreased pressures on the ED system, better utilisation of resources and improved staff and patient experience. This quality improvement journey has given staff an opportunity to build confidence in the use of QI methodology and tools, to test ideas that they believe will and have made a difference, to give them a voice in the process, to inspire hope around what the future service might look like, to celebrate success in their achievements and to allow them to express what matters to them. All of this has contributed to fostering an improvement culture across adult mental health services and re-energised staff working in really challenging and pressurised environments. RELEVANCE STATEMENT: This paper discusses change ideas that front line staff working within Adult Mental Health Services have tested to reduce the length of time that psychiatric patients are waiting in Emergency Departments to access the most appropriate care and support. In this process staff were acknowledged and recognised as subject experts in their field and given autonomy to test their own ideas that may lead to better patient outcomes and improved experience. Quality Improvement tools and methodologies were used to help staff to understand the complexities of the system that they work within and to measure the impact of their change ideas. This work provides some useful insights and learning that would benefit the wider system where sustained pressures exist

due to reduced bed capacity and flow, leading to protracted waits for psychiatric patients in Emergency Departments.

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**Incze M.A., et al. (2025) "They don't just Need a Handshake Or a Handoff, they Need a Hug": A Qualitative Assessment of the Care Transition Experience of Patients with Substance use Disorders After Hospital Discharge. *Journal of General Internal Medicine* 40(13), 3023–3033.**

Background: Hospitalizations are common among people with substance use disorders (SUD). Transitioning to follow-up medical and SUD care after discharge is a complex process affected by numerous medical, environmental, and psychosocial factors. Little is known about the experiences of patients with SUD during post-hospitalization care transitions.

Objective(s): We sought to better understand the care transition experiences of people with SUD in the immediate post-hospitalization period.

Design(s): We conducted a qualitative study at a single academic hospital site.

Participant(s): We interviewed 25 recently hospitalized individuals with a SUD.

Approach: Participants were recruited during their hospitalization, and semi-structured interviews were completed via telephone 1-3 weeks after hospital discharge. Interviews were transcribed verbatim and coded. Thematic analysis was performed to inductively extract key themes from coded transcripts. Key Results: We identified six themes pertaining to post-hospitalization care transition experiences: (1) the timing and circumstances of hospital discharge were often unpredictable, which could be destabilizing for patients; (2) careful planning and thorough communication by hospital care teams at discharge were valued by patients but happened inconsistently; (3) substance use disorder treatment was desired and offered frequently via a spectrum of active and passive approaches; (4) patients faced multifarious challenges to following through with a care plan after discharge; (5) community supports and a sense of connection are key facilitators of SUD and medical care linkage after hospital discharge; and (6) proactive outreach, individualized care plans, and continuity of care are valued during post-hospitalization care transitions.

Conclusion(s): Our themes suggest several distinct and actionable steps to improve post-hospitalization care transitions based on the perspectives of people with SUD who were actively transitioning care. In the hospital, SUD treatment initiation, proactive planning around discharge, and predictability were valued. In the outpatient setting, a supportive community, assistance with basic amenities, and post-discharge outreach were valued.

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**Liu X., et al. (2025) 'Risk Prediction Model Development for Requiring Unplanned Psychiatric Readmission in Bipolar Disorder.' *Scientific***

**Reports 15(1), 33501.**

The high readmission rate of bipolar disorder (BD) has imposed a heavy burden on the country and patients. Current studies mainly examine readmission influence factors but neglect risk prediction models. This study aims to develop a prediction model requiring unplanned psychiatric readmissions (RUPR) within 1 year of BD. We screened the third people's hospital of tianshui inpatients between January 1, 2021 and November 10, 2023 via hospital records and phone follow-ups, collecting required participant data. Based on their demographic and scale score, multiple variable logistic regression analysis was used to develop a nomogram-based prediction model. The study included 448 cases with 153 events. The analysis results show that group comparison revealed a significant difference in gender distribution, age stratification, comorbid chronic somatic diseases (CSD), partnered status (PS), social support rating scale (SSRS) scores, insight and treatment attitude questionnaire (ITAQ) scores, modified overt aggression scale (MOAS) scores. The result of multiple variable logistic regression analysis indicates that male gender and comorbid CSD increased readmission risk; Age > 60 years decreased risk; Higher MOAS scores, lower SSRS scores and ITAQ scores were significantly associated with elevated readmission risk. Model evaluation demonstrated that area under the receiver operating characteristic curve was 0.85(95% CI 0.81-0.89) ; Hosmer-Lemeshow test ( $\chi^2 = 6.15$ ,  $P = 0.63$ ) indicates a good fit. This prediction model helps identify high-risk cases and simplifies BD management.

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**Smith G., et al. (2025) 'A Qualitative Exploration of Older People's Experience of Discharge from Mental Health Inpatient Settings.' *International Journal of Qualitative Studies on Health and Well-Being* 20(1), 2581398.**

**BACKGROUND:** Recently there has been interest in the patient's voice within community mental health settings as a catalyst of service development. There remains a lack of literature documenting the lived experience of inpatient mental health care in Older People's Mental Health (OPMH) inpatient settings. There is a drive within the National Health Service (NHS) to transition care to community settings and improve the discharge process. **AIMS:** To gain insight into older people's experiences of being discharged from OPMH inpatient settings.

**METHOD(S):** Semi-structured interviews were conducted with seven people discharged from OPMH inpatient wards. They were asked to share their experiences of preparing for discharge, the support during this process, the transition to home, and what should be learned from their experiences. The interviews were analysed using reflexive thematic analysis.

**RESULT(S):** Six main themes were identified. 1) Discharge as a gradual process, 2) Feeling involved in discharge planning; feeling empowered, 3) Communication; contrast between positive and negative experiences, 4) Social support; a sense that there was a causal link between support and successful outcome, 5) Importance of



nurse support; the benefits of having support, 6) The importance of readiness for discharge; the relationship between how the patient felt before and after discharge. CONCLUSION(S): This is one of the first studies to explore older people's experiences of being discharged from mental health hospitals. It provides insight of the factors that patients believe are important for a positive experience of discharge. Suggestions for service improvements and recommendations on how patients are supported appropriately in the process are discussed.

**Uwera A., et al. (2025) '[Factors Influencing Readiness for Hospital Discharge among Patients with Schizophrenia: A Cross-Sectional Study.](#)' *Journal of Evaluation in Clinical Practice* 31(7) (pagination), Article Number: e70277. Date of Publication: 01 Oct 2025.**

Rationale: Schizophrenia is a severe disabling disease associated with disease relapse and a high readmission rate after hospital discharge. Readiness for hospital discharge plays a crucial role in patients transitioning from the hospital to the community, as well as in improving post-discharge outcomes. However, previous studies have predominantly focused on personal characteristics, social support, and nurses' guidance during discharge, while disease-related factors and ward environment factors have been overlooked.

Objective(s): To assess the current status and factors influencing readiness for hospital discharge among patients with schizophrenia.

Method(s): 390 patients and 14 head nurses of psychiatric wards from six tertiary hospitals in China completed the questionnaire from July 2023 to January 2024. Data was analysed using descriptive statistics, t-tests, ANOVA, Pearson correlation, and multiple linear regression. This study was reported using the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist.

Result(s): The mean score of readiness for hospital discharge among patients with schizophrenia was high (102.63 +/- 15.69). The quality of discharge teaching, schizophrenia self-management, perceived social support, and other factors affecting the ability to control symptoms such as stigma and family conflicts significantly influenced readiness for hospital discharge, explained by 47.50% of the total variation in the model.

Conclusion(s): The current study has revealed a high level of readiness for hospital discharge, schizophrenia self-management, perceived social support, and quality of discharge teaching among patients with schizophrenia. In addition, the quality of discharge teaching, self-management, social support, and other reasons affecting the ability to control symptoms were the key factors influencing readiness for hospital discharge among patients with schizophrenia. Therefore, personalised hospital discharge preparation for patients with schizophrenia throughout their hospitalisation period is needed for effective community reintegration.

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**Waitz C.H., et al. (2025) '[Surveying Child and Adolescent Inpatient Psychiatric Units: Demographics, Policies, and Practice.](#)' *Evidence-Based Practice in Child and Adolescent Mental Health* 10(4), 667–679.**

**Background:** The increasing demand for acute inpatient psychiatric unit (IPU) treatment for children and adolescents in recent years has put significant pressure on hospital systems to provide efficient and effective care. However, there is a gap in the literature regarding the characteristics of IPU care for children and adolescents in the US, making it difficult for institutions to benchmark their performance against nationwide standards or understand generalizability of existing research.

**Objective(s):** To address this gap in the literature by beginning to collect descriptive data on significant variables for youth care from a geographically and institutionally diverse group of on Child and Adolescent IPUs.

**Method(s):** A multi-institutional research team conducted a nationwide (US) survey of child and adolescent IPU clinicians using snowball sampling. Recruitment e-mails were sent to IPU groups in the American Psychological Association and the American Academy Child and Adolescent Psychiatry.

**Result(s):** The study yielded data from 12 institutions with a total of 20 IPUs, representing over 23,000 admissions in the years 2019 and 2020. The results of the survey show wide variability in institutional definitions of key variables (such as readmissions and safety events) as well as large ranges in length of stay, restraints, seclusions, and safety events.

**Conclusion(s):** This study reveals the importance of IPU clinical researchers taking steps to build a robust evidence base for IPU care, including developing consensus definitions of key variables and conceptualizing why high degrees of variability exist in important variables of IPU care. The survey results provide valuable insights for hospital systems, policymakers, and clinicians in the field of child and adolescent psychiatry.

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