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Inpatient psychiatry

April 2025

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

Abdolizadeh A., et al. (2025) '[Inpatient Treatment of Suicidality: A Systematic Review of Clinical Trials.](#)' *The Journal of Clinical Psychiatry* 86(1) (pagination), Date of Publication: 08 Jan 2025.

Objective: Psychiatric inpatients represent an acutely vulnerable population with high rates of suicidality (ie, suicidal ideation, attempts, and completed suicide). This systematic review aimed to evaluate treatments for suicidality delivered within inpatient settings.

Brekke E., et al. (2025) '[Changes in Inpatient Mental Health Treatment and Related Costs before and After Flexible Assertive Community Treatment: A Naturalistic Observational Cohort Study.](#)' *BMC Psychiatry* 25(1) (pagination), Article Number: 164. Date of Publication: 01 Dec 2025.

Background: Flexible Assertive Community Treatment (FACT) is currently implemented in Norwegian mental health services, aiming to ensure comprehensive and rights-based services for persons with severe mental illness and complex needs, but also motivated by assumed cost-effectiveness. We need knowledge about the consequences of this service innovation. The aim of this study was to investigate changes in total and involuntary inpatient mental health treatment and associated changes in costs of inpatient days before and after enrolment into FACT for persons with severe mental illness and complex needs in Norway.

Brick A., et al. (2025) '[Determinants of Acute Psychiatric Inpatient Length of Stay in Ireland.](#)' *Irish Journal of Medical Science* 194(1), 211–223.

Background: Ireland has had an historic over-reliance on inpatient mental health care accompanied by poorly resourced community provision. There has been an

increasing policy focus on provision of mental health care in the community to facilitate diversion from, or shorten stays in, inpatient care. However, little is known about the determinants of psychiatric inpatient length of stay (LOS) to allow for the targeting of community services.

Carr E.R., et al. (2025) ['Integrating Behavioral, Psychodynamic, Recovery-Oriented, and Trauma-Informed Principles to Decrease Aggressive Behavior in Inpatient Care.'](#) *American Journal of Orthopsychiatry* 95(1), 52–58.

Positive behavioral support plans have been employed since the 1980s in the service of those with developmental disabilities and in school systems and show efficacy for decreasing challenging behaviors and facilitating skill building. Recent years have seen an increased use of positive behavior support (PBS) technology with adults who experience serious mental illness. Inpatient psychiatric units can be traumatizing places as a consequence of the acuity of units and their use of containment methods to address challenging behaviors, such as aggression against others and self-injury. This has resulted in socially just movements from coercive measures in inpatient care, informed by psychotherapeutic, trauma-informed, and recovery-oriented principles that emphasize safety, person-centered values, and developing a life of meaning while ensuring trustworthiness, collaboration, and empowerment. This article describes the effectiveness of a trauma-informed and recovery-oriented PBS approach, informed by psychotherapeutic principles, in the treatment of individuals with serious mental illness on an inpatient unit in decreasing the frequency and intensity of challenging behaviors. The PBS approach is also founded on the ideals of social justice that all individuals have the right to equity and to the pursuit of a meaningful life in society. This is especially true of persons who experience the most marginalization, such as those who are involuntarily hospitalized and who face coercive measures, and who deserve interventions to help them live a life of meaning. Findings suggest that this psychotherapy integration approach leads to significant decreases in aggressive behaviors while decreasing the likelihood of exposure to traumatic experiences for patients and staff alike.

Clark K.D., et al. (2025) ['Lesbian, Gay, Bisexual, Transgender and Queer People's Experiences of Stigma Across the Spectrum of Inpatient Psychiatric Care: A Systematic Review.'](#) *International Journal of Mental Health Nursing* 34(1), e13455.

Lesbian, gay, bisexual, transgender, queer and other diverse sexual orientations and gender identity groups (LGBTQ+) face high rates of poor mental health. In the most severe and emergent of instances, inpatient psychiatric care may be required. LGBTQ+ people report experiences of mistreatment in healthcare settings broadly, such as denial of healthcare services and harassment from healthcare providers and other patients. However, little is known about the experiences of LGBTQ+ people in inpatient psychiatric care settings, specifically. The purpose of this review was to assess the existing literature for descriptions of LGBTQ+ people's experiences within inpatient psychiatric care. We searched multiple databases (i.e., PubMed, PsychINFO, CINAHL, Web of Science and Google Scholar) for peer-reviewed articles that described the experiences of LGBTQ+ people within inpatient psychiatric care that were published in English. The included articles (N = 14) were analysed using a conceptual model of stigma and organised within those strata (structural, interpersonal and individual stigma) across the inpatient experience, (admission, inpatient unit, and discharge). Themes identified included: noninclusive intake tools and pervasive misgendering during the admission process; lack of healthcare

infrastructure, inadequate training and lack of cultural humility, pervasive discrimination and victimization, silencing of LGBTQ+ patients, and feelings of fear and shame while on inpatient units, and lack of community resources during the discharge process. Clinicians should consider the perspectives and experiences of LGBTQ+ people to enact identity-affirming care practices that may increase mental healthcare engagement and improve long-term mental health outcomes.

Hallberg P., et al. (2025) ['Promoting Personal Recovery within Psychiatric Inpatient Care-Nurses' Experiences.'](#) *International Journal of Mental Health Nursing* 34(1), e13504.

To meet the aim of synthesising research on nurses' experiences of promoting personal recovery within psychiatric inpatient care, meta ethnography according to Noblit and Hare has been chosen as the method, which is a qualitative review of scientific literature that results in a synthesis. The focus is on interpretation and is expressed to be able to reduce a story, but at the same time keep what is unique using metaphors. Nine articles formed the basis of the synthesis. The analysis resulted in two levels of synthesis. The first level involved the translation of metaphors into one another, which proceeded in two directions, described as two principal headings. The second level produced five overarching metaphors. The first principal heading is that 'erected walls in psychiatric inpatient care impedes personal recovery.' It encompasses the overarching metaphors 'cultivating in exhausted soil' and 'nurses are gatekeeping watchdogs'. The second principal heading is 'torn-down walls in psychiatric inpatient care enable personal recovery'. It encompasses the overarching metaphors 'disarming and de-escalating', 'facing suffering together reveals treasures' and 'elevating the competent partner promotes recovery'. Conclusively, if the nurse is to be able to promote personal recovery in psychiatric inpatient care, bridges of cooperation and consensus need to be built to other professions in care. Otherwise, the obstacles to promoting personal recovery will be far too hard to overcome.

Mao W., et al. (2025) ['Suicidal Ideation among Mental Health Patients at Hospital Discharge: Prevalence and Risk Factors.'](#) *BMC Psychiatry* 25(1) (pagination), Article Number: 112. Date of Publication: 01 Dec 2025.

Background: Evidence indicates that suicide risk is much higher for psychiatric patients in the weeks immediately following discharge from the hospital. It is, therefore, crucial to evaluate suicide risk accurately at discharge to provide supportive and lifesaving interventions as appropriate.

McIntosh, J. T. (2025) ['Visitation Restrictions in Inpatient Psychiatric Settings: A Call for Connected Healing.'](#) *Issues in Mental Health Nursing* 46(1), 108–112.

McManama O'Brien K.H., et al. (2025) ['An Integrated Alcohol and Suicide Intervention for Adolescents in Inpatient Psychiatric Treatment.'](#) *Suicide & Life-Threatening Behavior* 55(2), e13143.

BACKGROUND: Despite the bidirectional relationship between alcohol use and STB, the two issues are often treated separately in adolescent inpatient psychiatric hospitals, highlighting the need for brief interventions that address both alcohol use and STB in an integrated fashion. AIMS: This study tested the feasibility, acceptability, and preliminary effectiveness of a brief integrated Alcohol and Suicide Intervention for Suicidal Teens (iASIST) with a post-discharge mHealth booster for adolescents in inpatient psychiatric treatment.

Mortazavi S., et al. (2025) ['A Qualitative Study on Elderly Patients' Preferences for Inpatient Psychiatric Services.'](#) *BMC Psychiatry* 25(1) (pagination), Article Number: 173. Date of Publication: 01 Dec 2025.

Introduction: Mental illnesses have a high prevalence among elderly patients. It is estimated that half of the elderly do not utilize the psychiatric care that they need. Paying attention to patient preferences can improve treatment adherence and patient outcomes. This study aims to qualitatively identify the preferences of elderly patients hospitalized in the psychiatric wards of hospitals regarding their inpatient psychiatric treatments.

Muluneh Z.B., et al. (2025) ['Variations in Definitions used for Describing Restrictive Care Practices \(Seclusion and Restraint\) in Adult Mental Health Inpatient Units: A Systematic Review and Content Analysis.'](#) *Social Psychiatry and Psychiatric Epidemiology* 60(1), 1–24.

PURPOSE: The main purpose of this review was to (1) identify thematic elements within definitions used by recently published literature to describe the constructs of physical/mechanical restraint, seclusion and chemical restraint in adult mental health inpatient units.

Parker S., et al. (2025) ['Life is Better but Not without Challenges: Experiences Following Discharge from Community-Based Residential Mental Health Rehabilitation-a Qualitative Content Analysis.'](#) *Social Psychiatry and Psychiatric Epidemiology* 60(1), 95–111.

PURPOSE: Community-based residential mental health rehabilitation units for people experiencing severe and persistent mental illness are increasingly available in Australia. Research completed 20 years ago suggested that people leaving these services often experienced impoverished social lives and other challenges in the community. It is unclear whether contemporary consumers experience similar difficulties. This qualitative study explored contemporary consumers' experiences after leaving community-based residential services.

Pehlivan Saribudak T., and Caliskan, B. B. (2025) ['I was Too Tired to show Compassion': A Phenomenological Qualitative Study on the Lived Compassion Fatigue Experiences of Nurses Working in Acute Inpatient Psychiatric Units.'](#) *Journal of Psychiatric and Mental Health Nursing* 32(2), 352–363.

INTRODUCTION: Psychiatric nurses are at risk of experiencing compassion fatigue. Despite the economic, emotional and physical effects of compassion fatigue, it has not been sufficiently investigated in the field of psychiatric nursing, and the lived experiences of compassion fatigue, in particular, require further investigation using qualitative methods. AIM: The aim of this study was to examine the lived compassion fatigue experiences of nurses working in psychiatric clinics using a phenomenological approach.

Penwill N.Y., et al. (2025) ['Telepsychiatry Expansion of Inpatient Psychiatry Services during the COVID-19 Pandemic.'](#) *Hospital Pediatrics* 15(3), e126–e133.

During the early COVID-19 pandemic, most psychiatric facilities did not admit SARS-CoV-2-positive youth, resulting in prolonged emergency department (ED) boarding and delayed psychiatric care. In response, our hospital enacted a small, single-site, innovative pilot enabling psychiatric admission of SARS-CoV-2-positive patients with lower behavioral acuity to an inpatient medical unit for comprehensive telepsychiatry programming. Patients transferred to the Telepsychiatry Model from our EDs or

hospital medicine service after medical clearance. Psychiatrists from our adjacent traditional inpatient psychiatry unit (IPU) provided day-to-day care in partnership with medical nurses, behavioral health specialists, and consulting hospitalists on the general medical unit, and our traditional IPU's standard treatment protocol, milieu-based group therapy, was delivered via telehealth. Over its first 3 years, 64 patients received care under the Telepsychiatry Model. Behavioral escalations requiring intervention were rare, with 2 staff injuries reported. Most patients discharged home (92%; median length of stay, 7 days). No patients died by suicide within 6 months of discharge, and 12 (19%) received care in a state ED or psychiatric hospital within 30 days of discharge. This pilot successfully operationalized comprehensive telepsychiatry programming from an inpatient medical unit and has potential applications to future infectious outbreaks and delivery of psychiatric services to patients with high medical complexity, during inpatient psychiatry capacity crises, and in geographic locations with limited access to inpatient psychiatric care. To adopt a similar model, other institutions should invest in local infrastructure, partner with local regulatory leaders, and foster strong, collaborative relationships with remote psychiatric partners.

Porter, M. H. (2025) ["It's a Horrible Place to have a Period': A Survivor-Led Investigation of Experiences of Menstrual Health in Psychiatric Inpatient Settings in England.](#) *International Journal of Mental Health Nursing* 34(1), e13450.

This study examined patients' experiences of menstrual health in psychiatric inpatient settings in England as reported by staff and patients. Questionnaires were conducted with 67 staff members and 101 people with lived experience of menstruation and treatment on a psychiatric ward. 10 semi-structured interviews were conducted with people with lived experience. Data were analysed using reflexive thematic analysis. Grouped into overarching themes of institutional and interpersonal environments, four themes were identified: access to menstrual materials; the lack of privacy when menstruating in psychiatric inpatient settings; attitudes and approaches to menstruation; and menstrual support needs and care provision. There was variation among the experiences reported, with some patients receiving dignified care, whilst others described facing 'degrading' and 'dehumanising' treatments and enhanced feelings of shame and embarrassment around menstruation, in comparison with what they usually experience. This appeared to arise due to the interplay between mental health services overlooking menstruation and the overreliance on restrictive practices. These experiences may be understood as menstrual injustices, period poverty, potentially amounting to neglect and posing iatrogenic harms. Participants also discussed how their mental illness and distress, particularly within the context of trauma and/or eating disorders, shaped their menstrual experiences. However, many patients did not receive adequate support in relation to this. Patients' pain and disorder related to menstruation, or gynaecological conditions, was often described as being dismissed by staff or being viewed as beyond the responsibility of mental health services. This study highlighted the urgency for actions to be taken to provide greater support for patients who menstruate in psychiatric inpatient settings.

Waitz C., et al. (2025) ['Implementing Patient-Reported Outcome Measures on an Adolescent Inpatient Psychiatry Unit: A Feasibility Study.'](#) *Psychological Services* 22(1), 112–119.

This article examines the feasibility of implementing patient-reported outcome (PRO)

measures with adolescents on an inpatient psychiatry service. During the study period (March 8, 2021, to June 7, 2022), a total of 154 patient encounters were recorded for adolescents between 12 and 17 years of age. PROs were piloted during the first 3 months of the study period, with a focus on technical implementation. In the 12 months from June 8, 2021, through June 7, 2022, the PRO project moved to full implementation across all patient encounters. Fisher's exact test and independent t tests were conducted to examine the differences between patients who completed the PROs and patients who did not complete them to determine the representativeness of the sample receiving them. During the 3-month pilot period, 31.8% of patients completed the PROs at admission and discharge, while during the 12-month full implementation, 74.5% of patients completed them at both time points. Statistical tests showed no significant diagnostic, sex, or race/ethnicity differences between patients who received and did not receive the outcome measures. Even without funding, small inpatient psychiatry services for adolescents can feasibly implement PROs with completion rates similar to other published studies and capture the majority of the patients served. (PsycInfo Database Record (c) 2025 APA, all rights reserved).

Yamaguchi S., et al. (2025) '[Associations between Readmission and Patient-Reported Measures in Acute Psychiatric Inpatients: A Multicenter Prospective Longitudinal Study.](#)' *Social Psychiatry and Psychiatric Epidemiology* 60(1), 79–93.

PURPOSE: This study examined whether patient-reported measures (PRMs) addressing quality of life, personal agency, functional impairment, and treatment satisfaction at hospital discharge were associated with future readmission during a 12-month follow-up period. The study also examined whether readmission influenced changes in the same measures.

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