Outcomes for patients awaiting psychiatric admissions from medical wards – the role of liaison psychiatry

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Aims and Background

Concerns have been expressed regarding mental health inpatient capacity over the last few years. A report by the Royal College of Psychiatrists has shown that the number of psychiatric beds has fallen by 73% since 1988. Such reductions results in delays in the transfer of care from general hospitals to mental health units, and may affect patient outcomes. Locally, we were aware of a growing number of patients experiencing such delays who were ultimately discharged directly home from the general hospital.

This study identified patients who were waiting in acute hospital beds for a psychiatric admission, whose mental health needs were being treated by a general adult liaison psychiatry team. This study aimed to characterise differences between patients who were ultimately discharged from general medical care without utilising the planned mental health admission, and those who were transferred, as planned, to a mental health inpatient bed.

Results

During this period, the total number of medical inpatients reviewed by the liaison psychiatric team was 465. From these, 63 patients were referred for mental health inpatient admission, indicating an admission rate of 14%. Of the patients referred for MH admission, 11 (18%) were discharged back into the community following a period of treatment and assessment within the acute general hospital.

The mean number of days between referral for psychiatric admission and either admission of the patient to the psychiatric ward or discharge back to the community, was 6 and 16, respectively. The most common diagnoses of patients referred for admission were psychotic disorders (ICD10 F20-29), which made up 48% of all referrals.

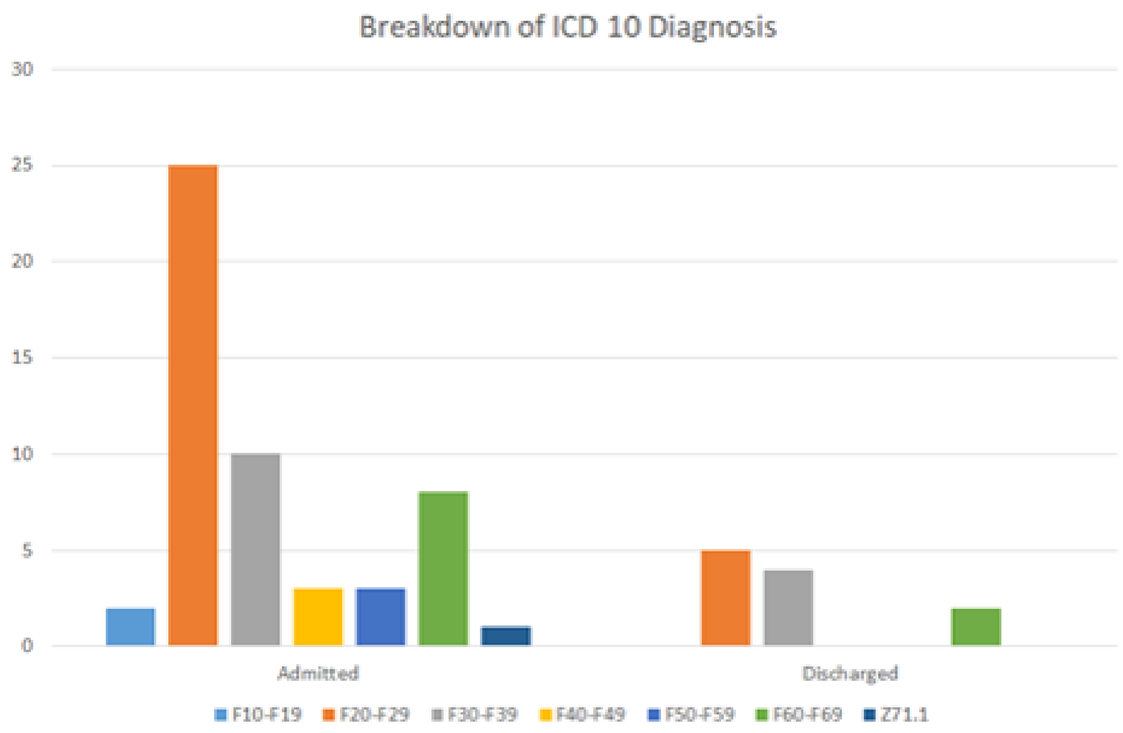

Figure 1 – a graph showing the differing diagnoses of those referred for admission and admitted and those referred for admission and discharged

The other parameters which showed significant differences included changes in psychotropic medication (42% of those admitted vs 72% of those not admitted) and changes in social circumstances of patients (4% of those admitted vs 55% of those not admitted).

Methods

A list of all requests, from January 2021 to June 2021, to psychiatric bed management for a general adult mental health inpatient admission was retrospectively reviewed. Patient characteristics were gathered from electronic notes systems, and then tabulated in accordance with the headings (see Table 1).

Discussion

Liaison psychiatry is widely thought to be an effective model within which to treat patients with mental health issues in the acute hospital[1]. Data suggest that the existence of a liaison service within an acute hospital can both reduce the length of inpatient stays[2] and offer a more cost-effective method of providing psychiatric care for the NHS[3].

Looking in greater detail about the contributing factors for discharge, we noticed that one of the features predicting if a patient would be discharged from the acute general hospital was the total number of days delayed in transfer. The data similarly suggested that a change in their treatment during their stay and change of their social circumstances were also factors predicting discharge; however, this may be correlative to the time spent within the hospital environment rather than causative. Despite these delays in transfer, many patients saw resolution of their mental health with the input of liaison psychiatry

Conclusions

A delay in transfer from an acute trust bed to a psychiatric bed does not preclude appropriate treatment being started for mental disorder. These data show that when treatment is initiated during this period, it is possible to facilitate early discharge for patients. This highlights the benefits of assertive management of patients' psychiatric needs within the acute hospital setting

References:

1. Wood R, Wand AP. The effectiveness of consultation-liaison psychiatry in the general hospital setting: a systematic review. J psychosom Res. 2014; 76(3): 175-192.
2. Tadros G, Salama RA, Kingston P, Mustafa N, Johnson E, Pannell R, Hashmi M. Impact of an integrated rapid response psychiatric liaison team on quality improvement and cost savings: the Birmingham RAID model. The Psychiatrist. 2013 Jan;37(1):4-10.
3. Parsonage M, Fossey M. Economic evaluation of a liaison psychiatry service. London: Centre for Mental Health; 2011.

	MHA framework in place (%)	Total days delayed (mean)	Change in psychotropic / ECT treatment (%)	Change in social circumstances (%)	Ethnicity BAME rates (%)	Age
Not Admitted	55	16	73	55	45	51
Admitted	67	6	42	4	44	43
P-value	0.22	0.01	0.02	0.005	0.47	0.08

Table 1 – a tabulated summary of the results, distinguishing the average of each measured parameter.