



UNIVERSITY of
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MEDICAL CENTER

Integrating Psychology into Acute Inpatient Psychiatric Treatment for Adults: Improving Interdisciplinary Care

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Introduction

- URMC has three acute inpatient psychiatric units for adult patients with symptoms of serious and persistent mental illness who require a safe and therapeutic environment for treatment
- Units 2-9200 and 3-9000 serve similar patients; Unit 3-9200 serves primarily older adult patients
- Currently, interdisciplinary treatment teams on these units include psychiatrists, psychiatric nurse practitioners or residents, social workers, registered nurses, psychiatric technicians, and activities therapists
- The engagement of patients in individual and group therapeutic interventions has been shown to increase the effectiveness of inpatient care (Coleman & Paul, 2001)
- Early studies found patients spend < 5% of their waking hours engaged in scheduled therapeutic activities, and <11% engaged in contact with any staff (Paul, 1986)
- Staff to patient ratios are important, but regardless of staff ratio, increased therapeutic attention from clinical staff has led to significantly better post-discharge outcomes (Paul & Lentz, 1977)
- Hypothesis: The identified needs of the providers and staff on the acute inpatient psychiatric units will overlap with the services commonly provided by psychologists

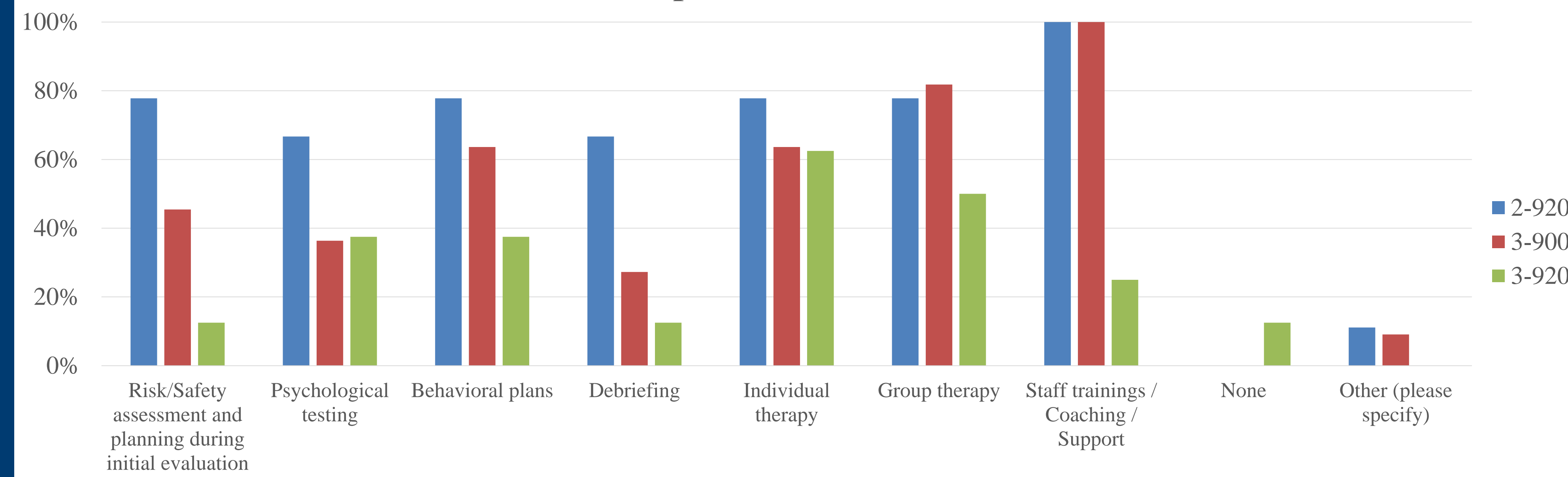
Methods

- Needs Assessment
- Goal: Identify the perceived needs of how psychological services could benefit adult inpatient psychiatric units
- Multimodal approach: In person observation of therapy groups and interdisciplinary treatment team meetings; interviews with psychiatrists, charge nurses, and activities therapists; input solicited from the Department of Psychiatry Advisory Council of Consumers; and a 39-question online survey
- Multiple choice and open ended questions
- Providers and staff from 3 inpatient units answered questions regarding challenges on the unit, current training and comfort levels in different areas, and what additional services they think would benefit patients and providers
- Participants were recruited via email and anonymous online surveys were collected for one month

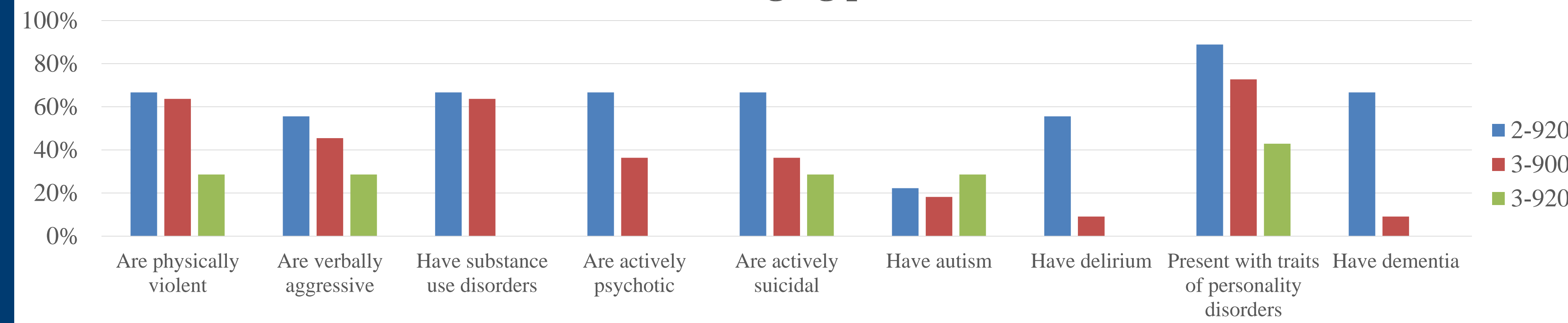
Results

- 40 respondents completed portions of the survey:
- 12 working at 2-9200, 18 at 3-9000, and 10 at 3-9200
- Respondents included registered nurses (n=24), psychiatric technicians (n=5), social workers (n=4), nurse practitioners (n=3), a psychiatrist (n=1), and an activities therapist (n=1)
- Respondents ranged from working on the unit from less than 1 year to greater than 20 years, with 49% working there 1-5 years
- 77% worked day shift, with some working evening, weekend, and night shifts

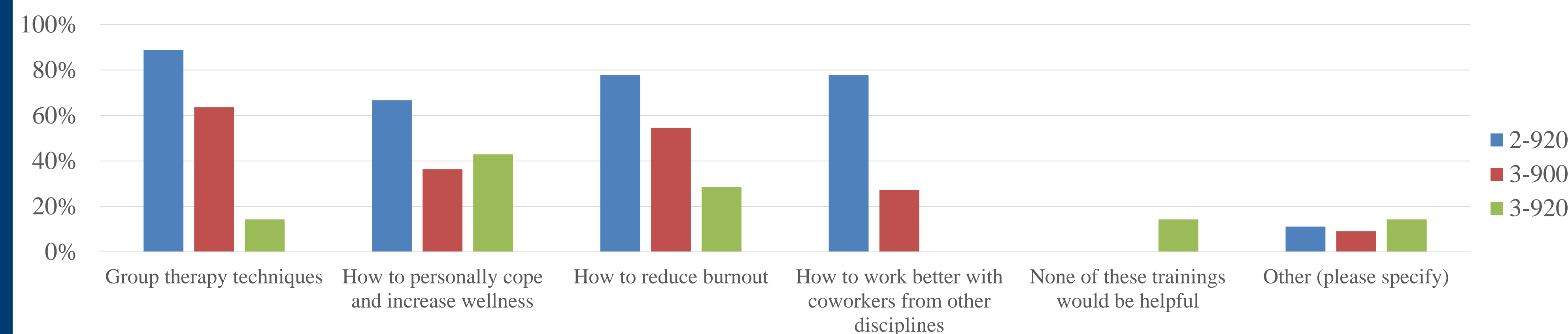
Which services provided by a psychologist do you feel would be helpful to better meet patients' and/or staff needs?



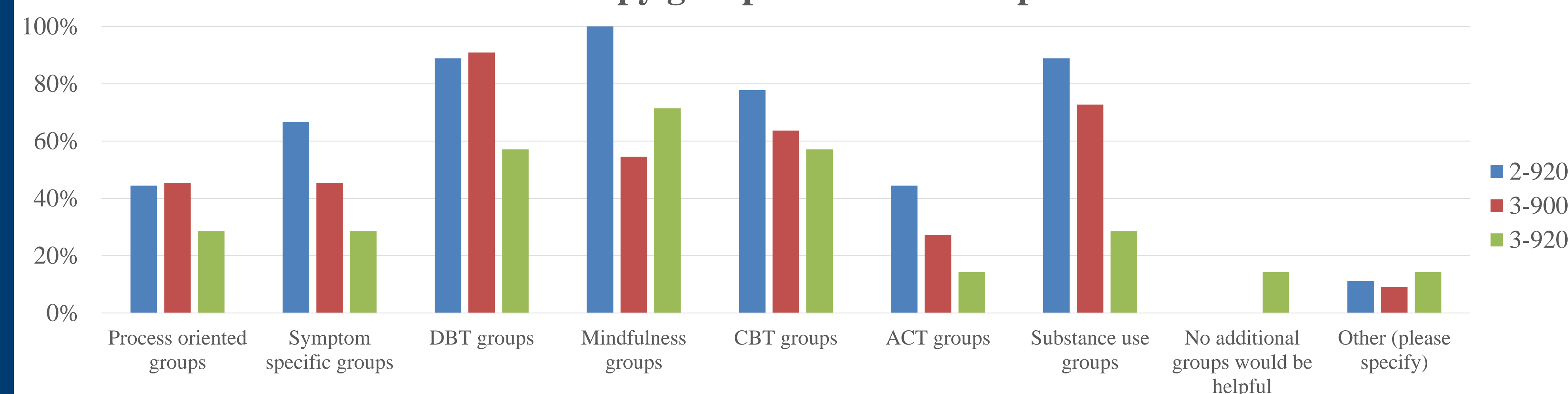
From an educational standpoint what would you like trainings or support around? Managing patients who:



From an educational standpoint what would you like trainings or support around? Learn more about:



What additional therapy groups would benefit patients on the unit?



Discussion

The different units had unique challenges and needs

For all units, many identified needs can be addressed with psychological services

- **Individual therapy and behavioral plans**
 - Provide brief individual therapy
 - Consultation regarding development of behavioral plans when indicated
 - Provide trainings on brief therapeutic interventions, behavioral principles, and management of complex patients in the milieu
- **Psychological testing**
 - Complete psychological (psychodiagnostic) and brief neuropsychological evaluations
- **Staff trainings and support**
 - Strategies for managing and treating patients with different presenting concerns in the milieu
- **Group Therapy / Psychoeducation**
 - Facilitating psychotherapy groups per unit needs
 - Collaborating with nursing staff to build curriculum and providing staff training and coaching regarding group skills to empower nursing staff to provide psychoeducational groups on the units
- **Risk assessment and safety assessment and planning during initial evaluation**
 - Collaborate on assessment of risk and monitoring of patient safety

Limitations & Future Directions

- Self-report data relies on only individual perceptions into the needs of the unit; more rigorous data collection including comparison groups is needed to more formally assess what services may benefit the units
- Primarily staff and clinician input was gathered; patient input was limited to one DPACC meeting and review of Press Ganey Survey Data
- Integrating psychological services may promote improved patient care consistent with the literature (Coleman & Paul, 2001; Paul & Lentz, 1977)
- Anticipated benefits for future study: increased quality of care and patient satisfaction, decreased staff burnout, decreased readmissions, and increased staff confidence and efficacy (Coleman & Paul, 2001; Paul & Lentz, 1977)

Acknowledgements

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References

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