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 ratios, 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=5), 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

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 improve 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)

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References