CRD summary
The author concluded that in-patients in medical-surgical settings with severe mental illness had poorer clinical outcomes compared to patients without mental illness and that nursing staff require support in working with this population. Given the unclear quality of the included studies and potential for error and bias in the review process, the author’s conclusions should be treated with caution.

Authors' objectives
To investigate the impact of hospitalisation in a general medical/surgical setting on participants with severe mental illness and to identify interventions aimed at improving outcomes for this population.

Searching
CINAHL and PubMed were searched in March 2008 for articles published between 1998 and 2008 in English in peer-reviewed journals. Search terms were reported. The authors appeared to search bibliographies of included studies for additional eligible studies.

Study selection
Studies in an in-patient medical-surgical setting that measured patient outcomes and did not exclude patients with severe mental illness were eligible for inclusion.

Most studies were of general medical/surgical in-patient populations. Other studies focused solely on patient populations with congestive heart failure, pneumonia, AIDS or neurological impairments. Diagnosis of mental illness was made according to International Classification of Diseases (ICD) or Diagnostic and Statistical Manual of mental disorders (DSM) criteria using a variety of measures or interviews or according to prior psychiatric history. In one study, only patients with schizophrenia were identified. Outcomes reported in the included studies were: length of stay; mortality; utilisation of health care services and complexity of care; cost of care; risk of re-hospitalisation; patient safety indicators (adverse events, risk of thrombosis, intensive care unit; illness behaviour and discharge to long-term care.

One reviewer selected the studies for the review.

Assessment of study quality
The author did not assess the validity of the included studies.

Data extraction
One reviewer abstracted data for the review.

Methods of synthesis
The studies were combined in a narrative synthesis.

Results of the review
Twelve papers that reported on 11 studies were included for the review (n=at least 843,403); five prospective studies and seven retrospective studies reported on six data sets.

Patients with psychiatric comorbidity had a longer length of stay (eight studies, n=at least 811,786) and an increased risk of hospitalisation (one study, n=21,429). One study found a more than threefold increased risk of high utilisation of health services among patients with a psychiatric diagnosis (n=294). However, another study of the same data set found that complexity of care was associated with psychological distress and somatisation, but not with psychiatric diagnosis. One study (n=733,904) found that patients with a diagnosis of schizophrenia had an increased odds of patient safety indicators (infections; post-operative respiratory failure, deep vein thrombosis or sepsis; intensive care admission
and death). Patients with comorbid psychiatric diagnosis had higher hospital costs (two studies, n=755,333). One study found that neurological patients with psychiatric diagnoses exhibited more illness behaviour than those without psychiatric diagnoses (n=105).

The author reported findings on interventions and health perceptions from studies that were not included in the review.

Cost information
One study reported that patients with comorbid psychiatric diagnoses had increased hospital charges up to US dollar $7,763. Another study found that the median hospital charges for patients with psychiatric diagnoses was increased by $20,000 compared to patients without psychiatric diagnoses.

Authors’ conclusions
In-patients in medical-surgical settings with severe mental illness had poorer clinical outcomes compared to patients without mental illness. Nursing staff required support in working with this population.

CRD commentary
The review question was clearly stated. Inclusion criteria were broad for outcomes and study design and did not address all aspects of the review question. Two relevant databases were searched. Eligible studies were restricted to published articles written in English, which introduced a possibility of language and publication biases. The study selection and data extraction processes were conducted by one reviewer; therefore, the possibility of reviewer error and bias could not be ruled out. No validity assessment was carried out; therefore, it was not possible to determine the quality of the included studies. The decision to combine the studies in a narrative synthesis was appropriate given the high level of clinical heterogeneity between the included studies. Findings from studies not included for review were also reported in the results. Given the unclear quality of the included studies and potential for error and bias in the review process, the author's conclusions should be treated with caution.

Implications of the review for practice and research
Practice: The author stated that there was a greater need for individualised care and monitoring of patient progress for medical-surgical inpatients with psychiatric diagnoses. There was a need for greater support for nurses and other staff in caring for patients with psychiatric diagnoses in general medical settings.

Research: The author stated that further research was needed to evaluate methods for promoting positive attitudes towards mental illness among nurses and increasing nurses' knowledge and confidence in managing patients with psychiatric comorbidity. Further evaluation of the psychiatric nurse liaison role was needed. Research was needed to investigate the perspective of patients with psychiatric comorbidity and investigate factors that contributed to increased length of stay.

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