

RESEARCH

Open Access



# The role of psychology in a multi-disciplinary psychiatric inpatient setting: perspectives from the multidisciplinary team

Nadia Dandan<sup>1</sup>, Fatima Mansour<sup>1</sup> and Tala Diab<sup>1\*</sup>

## Abstract

**Background** The availability of consistent psychological therapy within acute inpatient psychiatric units and the integration of psychologists into multi-disciplinary inpatient teams is a newly evolving development in mental healthcare. To the authors' knowledge, there has been no examination of the inpatient multi-disciplinary team's (MDT) perspective on how psychology can be best integrated into the team in Lebanon. This study aims to explore the perceptions of different medical personnel working within an MDT on the role of psychologists in an acute psychiatry inpatient unit in Lebanon. It is qualitative in nature, using a semi-structured interview design. The overarching aim of this study is to assess and identify the gaps in the MDT's insight into the various responsibilities of psychologists which may result in more efficient collaborative teamwork and hence overall patient care.

**Results** Four primary themes are identified from the findings of our study. The themes highlighted the value of a multidisciplinary approach to patient care, the vital roles that psychologists play in direct clinical work and supporting other staff members, important factors related to patient-centered psychological care, limitations that exist in the inpatient unit, and suggestions for improvement.

**Conclusion** This study served as a baseline for more research and development of psychological services in the psychiatric inpatient units of Lebanon, emphasizing the integral role of psychology in patient care.

**Keywords** Inpatient, Psychology, Multi-disciplinary team

## Introduction

In acute wards, individuals are often in a far greater state of distress than individuals in outpatient settings, receiving higher doses of medication and often receiving multiple treatment interventions including psychological ones [1]. The inpatient setting is also characterized by unpredictable lengths of stay, a complex mixture of psychiatric diagnoses, and co-morbidities [2]. The delivery of psychological therapy for psychiatry inpatient wards

and the incorporation of psychologists into multi-disciplinary inpatient teams, which include doctors, nurses, and nutritionists, remains a relatively new development. In 2004, a study of 136 wards in England found only 13% of participants had any dedicated psychology input at all [3]. By March 2007, a survey revealed an increase in the latter percentage whereby 21% of 554 wards had received psychological support [4]. Emphasis has been given to offering "a wide range of effective psychological therapies" to all patients in acute psychiatric inpatient settings [5].

Despite the limited number of studies on the types of psychological interventions in a psychiatric inpatient setting, there has been some research on the role of psychology as part of a multi-disciplinary team. A qualitative study by Christofides et al. [6], interviewed inpatient

\*Correspondence:

Tala Diab  
td20@aub.edu.lb

<sup>1</sup> Department of Psychiatry, American University of Beirut, PO Box: 11-0236, Riad El Solh, Beirut 1107, Lebanon



© The Author(s) 2024. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

clinical psychologists and demonstrated the importance of psychologists being integrated into the multi-disciplinary team to better deliver psychological therapies. This involved developing collaborative relationships, attending multi-disciplinary meetings, and offering a psychological perspective in patient care whenever possible.

A recent qualitative study examined the perception of a UK inpatient multi-disciplinary team (MDT) towards inpatient psychologists [7, 8]. Results showed that psychology was mainly seen by MDT members as an integral, but not first-line, treatment option in the psychiatric inpatient setting. Both direct and indirect work was valued by multi-disciplinary staff participants. The multi-disciplinary team did not have a clear understanding of the role of psychology, and both education and dialogue about the role were required.

Pudalov et al. [9], stated that there is solid evidence indicating that when you bring together medical and behavioral health services in outpatient settings, it leads to better outcomes. In addition, providing patients who have medical and mental health disorders with integrated mental health care in inpatient medical settings can improve their overall health [9].

To the authors' knowledge, there has been no examination of the inpatient MDT's perspective on how psychology can be best integrated into the team and work alongside different healthcare providers in the Lebanese community. It would seem imperative to understand the MDT's perspectives on how psychologists can work effectively alongside them to improve effective and targeted collaborative work. We conducted a study at the psychiatry inpatient unit (PIU) at a tertiary care center in Lebanon to assess this gap in the literature.

### Context of the current study

The PIU is an acute, short-term setting, treating patients most commonly suffering from psychosis, borderline personality disorder, substance use disorder, severe anxiety, or depression. The PIU has a total of eight beds with a current total accommodation capacity for five patients, due to staffing shortage. The MDT team is composed of eight residents, with one resident rotating daily on the inpatient unit; one adult psychiatrist; one child psychiatrist; one nurse manager, four registered nurses, one practical nurse, and three auxiliaries; one nutritionist; and one psychologist. One clinical psychologist rotates three times per week, for half a day each. Other psychologists from the psychiatry department can be consulted when needed based on specialty or to cover in case of absence. There is usually one 2nd year psychology intern on rotation with the main psychologist.

The type of patient work for psychologists on the PIU consists of individual therapy, psychoeducation, and

safety planning, as well as debriefing sessions for staff members. Previously, psychologists used to conduct group therapy for patients. The type of collaborative work that a psychologist has with other MDT members consists of family meetings, ward rounds, and behavioral interventions.

### Aims

This study aims to explore MDT's perceptions of the direct and indirect role of psychologists in an acute psychiatry inpatient unit at a tertiary center in Lebanon, specifically to (1) Explore the perceived role of psychology in the inpatient unit, (2) Identify areas of development for direct (e.g., patient care, handovers) and indirect (e.g., overall level of care, cohesion between team members) psychological work.

Moreover, this study also aims to (1) draw cultural comparisons between the Lebanese and UK findings, (2) identify strengths and gaps in teamwork, (3) identify barriers and facilitators of accessing inpatient psychological care.

### Method

#### Design

We adopted a qualitative semi-structured interview design, using the script from Wood et al. [7, 8]. To our knowledge, no other semi-qualitative study has been done that implemented a modified version of such a script in inpatient-psychiatry wards.

Moreover, we added culturally specific questions to the script to capture a more detailed picture of the relevant setting. Please refer to Appendix 1 for the script. The interviews took approximately 20–30 min per participant.

#### Participants

All participants were recruited from the PIU. We undertook a purposive sampling approach to ensure a balanced representation of multi-disciplinary participants. The research team presented the project during inpatient meetings, and administrative staff sent project details via departmental emails, following IRB approval. Those interested were instructed to contact the co-investigator through email. Interviews were conducted in a private office or room to ensure confidentiality. The interviews were conducted by the co-author of this paper, FM.

Participants were included if they (a) were registered psychiatric nurses, attending psychiatrists, residents, and dieticians, (b) currently working on the PIU with a minimum of six months experience, and (c) collaborated with psychologists on common cases within the inpatient setting. Staff with less than the specified work experience were excluded. Psychology interns on rotation in the

inpatient unit were also excluded due to potential conflicts of interest with the primary investigator.

The aim was to reach a total of 8–10 participants. A study by Guest et al. [10] demonstrated that obtaining the main themes in a sample (80% saturation) typically required 6–7 interviews.

Participants were initially asked to provide demographic information such as age, gender, job role, duration of work on the inpatient unit, and the nature of collaborative work with psychologists. For the comprehensive demographic questionnaire, please refer to Appendix 2. This study was approved by IRB at the tertiary care center in Lebanon.

**Data analysis**

Interviews were recorded and transcribed verbatim, then coded and categorized using line-by-line coding. Thematic analysis was employed to analyze the data [11]. Thematic analysis is a flexible approach to qualitative data analysis, that requires key decisions to be made before use. Thematic analysis was employed from a critical realist perspective (i.e., reporting participants’ experiences, meanings, and realities). Data analysis and writing up was done, through rigorous coding of the interviews line by line by co-authors FM, and TD, using the Braune and Clarke [11] Method. This analysis was then further refined by all the authors in the team and finalized. Latent themes were extracted, and an inductive approach [11], to data analysis was undertaken.

**Results**

**Participant demographics**

Nine participants including psychiatrists, psychiatric nurses, psychiatry residents, and one dietician took part in the study (Table 1). Most participants were females (66.66%) and had an average of 7.8 years of experience (SD = 6.95) working in psychiatric inpatient settings. All had experience of working alongside psychologists within an inpatient setting, with an average of (77.77%) reported having direct contact with the psychologist.

**Thematic analysis**

Four superordinate themes were identified from the analysis: “Role of Psychologist in Patient Care”, “Psychologist as a Core Member of MDT”, “Medical and Psychological Care”, and “Limitations of Inpatient Unit” (Table 2).

**Multidisciplinary approach to patient care**

The first superordinate theme outlined the importance of a multidisciplinary approach to patient care, where psychologists contribute by attending meetings and implementing interventions alongside the rest of the multidisciplinary team. Psychologists encounter a range

**Table 1** Sample demographics

Inpatient staff demographic		
Age (years)		34.44 (9.08)
Length of experience (years)		7.8 (6.95)
		N (%)
Gender	Male	3 (33.33)
	Female	6 (66.66)
Current Role	Faculty	4 (44.44)
	Staff (RN)	3 (33.33)
	Dietician	1 (11.11)
	Resident	1 (11.11)
Frequency of presence in inpatient unit	3–4 times/week	3 (33.33)
	Daily	1 (11.11)
	Weekly	1 (11.11)
	Monthly	1 (11.11)
	> 6 weeks	3 (33.33)
Type of collaborative work with psychologists	Direct contact	7 (77.77)
	Indirect contact	2 (22.22)
Frequency of contact with psychologists	Daily	5 (55.55)
	Bi-weekly	3 (33.33)
	Monthly	1 (11.11)

of psychiatric cases and complexities needing consistent and timely coordination among healthcare providers with common patient-centric goals.

**Collaborative work between psychologist and team members**

Across the transcripts, there’s a consistent emphasis on the collaborative nature of patient care.

*“[...] So you know it’s a typical collaborative work that is done not by the psychiatrist themselves but also with different members including nurses, residents who have direct care with the patients and psychologists who have a role in intervening with the patients after diagnosis.” A1*

The inclusion of psychologists in the PIU team is seen as an essential component to offering holistic care to patients.

*“All of them benefit equally from a multidisciplinary approach medically plus psychotherapy plus psychosocial intervention plus social work management. Having multidisciplinary team is important.” A2*

Psychologists, alongside other healthcare professionals like psychiatrists, residents, and nurses, work in teams on the PIU to ensure comprehensive patient care. This collaboration extends to family interventions, psychoeducation, and diagnosis.

**Table 2** Superordinate themes and subordinate subthemes

Multidisciplinary approach to patient care	Functions of psychologist on PIU	Patient-centered psychological care	Limitations of inpatient unit and suggestions for improvements
Collaborative work between psychologist and team members Integration of medical and psychological services in crisis management	Psychologist as a key member of PIU Role of psychologist in supporting staff members Role of psychologist in patient care Means of delivering psychological care	Diversity of patient presentation Considerations of referral to psychology Individualized patient care	Unmet psychiatric needs of patients Constraints of physical and social environment in the inpatient unit Suggestions for improvements

*“[...] Having her for support, special interventions, managing symptoms, doing this family therapy thing. They are, in my opinion, they are integral part of this team.” A1*

Integration of medical and psychological care: benefits and limitations

There is a strong emphasis, across the transcripts, on the complementary nature of medical (primarily medication) and psychological (therapy) approaches, as both were perceived as having crucial roles in patient care while simultaneously addressing different aspects of the patient’s condition and needs.

*“I mean it’s the same role delivered in different way. The roles are the wellbeing, safety of the patient [...] All of us have that goal. It is seen in different way. We are more psychiatrists focusing more on medication management [...] The task and role of a psychologist would be doing that in a psychotherapy way. Both are important for patients. For some, one would be more important than the other, for some patient medication would be more important [...] In general, both are required.” A3*

Several excerpts highlighted the limitations of relying only on the effects and benefits of medications. While medical therapy can stabilize patients and address acute symptoms, it may not directly address the root cause of psychopathology. Participants allocated this role to psychotherapy and psychological interventions.

*“[...] for me as a psychiatrist I focus more on medication whereas the psychologist’s responsibility is working more on therapeutic needs like skills, relaxation techniques, or safety plan [...]” A3*

**Integration of medical and psychological services in crisis management**

Across the transcripts, there is an emphasis on the importance of immediate stabilization during crises, which requires a multidisciplinary approach from the entire PIU team. Medications play a key role in ensuring immediate

stabilization, especially when the patient poses a risk to himself and/or others or is acutely psychotic. Therapy complements this process when the patient is perceived by the team as stable enough to engage in psychotherapy.

*“[...] the priorities are crisis intervention and destabilization, administering medications for the patients who are psychotic or aggressive but also may include psychological intervention and family intervention for patients who are may be with less severe condition who are in crisis such as depression, anxiety, family conflict so I think the priority is crisis stabilization and follow-up, arranging patient care.” A4*

**Functions of psychologist on PIU**

The second subordinate theme focuses on the vital role that the psychologist plays in the PIU. Starting from their role in patient care using various therapeutic interventions, to supporting staff members, and facilitating overall multidisciplinary team coordination.

**Psychologist as a key member in PIU**

In all transcripts, psychologists are constantly highlighted as integral members of the PIU, as their specific expertise is essential to providing a holistic approach to treatment. Their input is perceived as important from patient admission till discharge.

*“I think psychologists can help a lot through the whole process from day one to admission to discharge [...] so psychologists have a vital role from day one till the end.” A3.*

*“[...] I think this is where their role is crucial to get all the bits together. They are a link. They link all the members of the multidisciplinary team.” D1*

Moreover, participants spoke about the importance of the presence of a safe therapeutic space for patients. This therapeutic relationship was seen as an integral component for successful therapy, patient engagement, and recovery.

*"[...] Building rapport, safety planning, building trust with the patient [...] As I told you the psychologist is a key person because they have the rounded background where they can get a bit of everything, and I think it's the trust with the patient." D1*

Psychologists' participation in meetings and multidisciplinary team discussions guarantees a thorough, all-encompassing approach to patient care. The psychologist's input often provides the multidisciplinary team with insights that can guide treatment choices and decisions.

*"[...] We typically discuss the cases together prior to rounding and sometimes after rounding on the patients and we establish goals together and objectives." A1*

#### **Role of psychologist in supporting staff members**

Beyond patient care, the perceived role of psychologists extends to supporting team members in the PIU. Psychologists provide debriefing sessions and emotional support after challenging incidents or difficult team interactions with patients. The PIU is an acute, dynamic setting, harboring many new cases and sometimes unprecedented patient/team issues. Thus, those sessions were perceived as necessary interventions to help some participants express their worries and seek advice on how to handle challenging or novel work situations in the future. Mainly, participants believed that these sessions would be the most useful for nurses as they are the ones with the most frequent contact with patients.

*"[...] but also its important that the psychologist work closely with the nurses, address any burnout related to their role, debriefing them about incidents that may happen on the unit, or if the nurses feel the need that they want to discuss things in person." A4*

*"We have debriefing sessions, but I believe that there are some draining cases and we need debriefing sessions after these cases, or after specific incidents since they are impactful." N1*

#### **Role of psychologist in patient care**

Across all transcripts, the role that psychologists play in patient care was deemed essential and indispensable. Patient care in the PIU relies heavily on the insight that psychologists provide, this further emphasizes their critical role in patient treatments, interventions, and the multidisciplinary team's holistic approach. Their involvement in psychotherapy, psychoeducation, safety

planning, family interventions, and discharge planning is a vital part of the treatment process. Their specific skill set offers a variety of techniques that are not otherwise available in inpatient care. Even when the patient is not medically stable, the psychologist can help structure their environment and provide an optimal setting for recovery.

*"Oh, I think the psychologist is the lead of the psychosocial interventions on the inpatient unit. They design the psychosocial interventions, or intervention plan ranging from individual to family interventions, family activities, group therapies [...]." A4*

*"I think they have the role in all stages honestly, even if the patient is psychotic, manic, or able to engage in psychotherapy on a deeper level of psychotherapy, they have behavior modification techniques, they can work with the family on how to deescalate with the patient, so I really feel they can have a role at every step whether the stabilization, or to help support the family when in crisis or when the patient gets better and they start to work on triggers and stressors and more coping skills and more processing of what happened and be more conscious when they are more stable." A2*

Furthermore, it is consistently mentioned that psychologists play an essential role during crises, mainly by helping patients develop safety plans. They also facilitate family meetings, by taking the role of a mediator between patients and their families. The aim is to help them resolve family conflicts which are often structural parts of the pathology and can cause systems dysfunction.

*"I think their role is crucial in being part of the family meetings that we do in a way where they can listen to the families' concern, incorporate that into the care of the patient and see sometimes whether they can mediate when there is a conflict etc. So yeah they have a role everywhere from diagnosis to the management [...]." A1*

#### **Means of delivering psychological care**

The therapeutic relationship between patient and psychologist was highlighted as one of the most effective tools to deliver psychological care. Building trust and rapport was deemed essential to the treatment process, as these were unique aspects that psychologists brought to the PIU.

*"With our experience, most of the patients who do not develop a connection with the rest of the team*

*do develop it with the psychologist.” D1*

### **Patient-centered psychological care**

The third subordinate theme discusses patient-centered psychological care. This theme focused on the variety of patients' presentations at the PIU. This determines the considerations upon which the decision is made to refer to psychological services, and how patient care is tailored to every individual's needs.

### **Diversity of patient presentation**

The participants reiterated the wide range of psychiatric presentations seen in the PIU. Indeed, the multidisciplinary team encountered a variety of case presentations; from acute conditions like substance-induced psychosis to more chronic ones like personality disorders and schizophrenia.

*“[...] it's a diverse patient population that we have, so we have patients who have some anxiety problems, depression, suicide attempts, substance abuse, personality disorders, psychosis and mania, and depending on the patient, we try to provide an individualized treatment plan that is multidisciplinary and comprehensive as possible.” A4*

### **Considerations of referral to psychology**

Several factors were considered when deciding whether to refer a patient to psychological services. Participants expressed that two key factors were important: individual priorities and special considerations. Such considerations included a variety of variables, ranging from the severity of patient presentation to the willingness of patients themselves to undergo therapy. Referrals were also deemed necessary when the team perceived the individual as more likely to benefit from psychological interventions alone or coupled with medication.

*“I think the patient profile number one in terms of the diagnosis and look how the diagnosis would benefit from psychotherapy but second the patient readiness to undergo psychotherapy, their motivation to undergo psychotherapy. I think to also recognize the limitations of medications for some disorders.” R1*

All participants focused on the idea that psychotherapy is an essential and indispensable service. Rarely did participants dismiss psychotherapy's importance and impact on treatment; the exceptions were cases that needed medications to treat and stabilize before any other intervention could be offered. For this reason, participants highlighted the idea of the vitality of psychotherapy and the multimodal approach to treating patients in the PIU.

*“[...] I think mostly the diagnosis, the willingness to*

*come, to work with the patient and family. I think in most cases where there is a rely on medication alone are very little, rare [...]” A2*

### **Individualized patient care**

Patient care in the PIU is individualized to each patient's specific needs. This process involves a multidisciplinary team working together to coordinate care and ensure a holistic approach to the patient's needs.

*“It typically depends on the case of each patient, because we like to meet the needs of the patient and everybody is different [...] We rely more on therapy, in addition to medication etc. so the needs are very different, but I truly believe that every patient needs to be looked at in a customized approach and try to see what the patient's expectations are and trying to see how we can meet these expectations with the resources that we have [...]” A1*

The therapy plans are personalized to the patient's needs, likes and preferences, and his/her view towards treatment. As the PIU admits a diverse population of patients, every patient's needs and expectations are different, some patients prefer traditional talking psychotherapy sessions, whereas others might prefer other therapies like art or music therapy.

*“It is about assessing every patient and very specific to each one so we focus on case by case depending on every patient's needs. Not all patients need psychotherapy sessions, so it depends on the assessment.” N2*

### **Limitations of inpatient unit and suggestions for improvements**

The final theme sheds light on the limitations of the inpatient setting. Mainly, the unmet psychiatric needs of patients and their concern with the physical and social space on the PIU. It also highlights suggestions for the improvement and enhancement of the inpatient unit.

### **Unmet psychiatric needs of patients**

Participants' reports consistently highlighted the scarcity of resources. Particularly, the insufficient number of inpatient psychologists, which they thought contributed to the unmet psychiatric needs of patients. Currently, the PIU has one psychologist on call, and when the inpatient unit fills up, it can be hard to follow up on all the patients.

*“From my perspective, there is unmet need because there is only one psychologist and currently cannot meet the whole needs all by herself [...]” A3*

*“I would say the only thing that I could think of at*

*the moment is resource and availability of psychologists for the inpatient unit and sometimes they are not able reasonably to see all patients especially when the inpatient unit is full and especially to conduct interventions with inpatients so I think increasing the number of psychologists on the unit would be more helpful.” R1*

### **Constraints of physical and social environment in the inpatient unit**

Across the transcripts, the idea of the smoking ban was reported as the most frequent complaint by the patients. Most of the patients were nicotine-dependent and found it hard to suddenly quit after admission, especially during a mental health crisis. This issue was exacerbated by the lack of physical spaces allocated for smoking in the PIU, making it even more restrictive for them.

*“Concerns in the unit? The most prevalent complaint is smoking. This is the most. All patients complain about this.” N3*

Another issue mentioned by participants is that the inpatient unit lacked stimulating activities and a dynamic social environment for the patients. The patients often reported to the staff that they were feeling bored given that there were no daily schedules or activities to keep them entertained. Also, the patients were restricted from phone access for 24 h post-admission or until cleared by the treatment team, leaving them unoccupied and with little to do for most of the day.

*“They also complain about the lack of activities on the unit. They say that there is nothing they can do and the psychologist passes on specific days during the week so there is nothing to do during their stay. No schedule to keep them busy.” N1*

### **Suggestions for improvements**

Participants also expressed the idea that along with the shortage of human resources, there was an immense need for increasing the frequency and availability of therapy. This further emphasized the importance of having sufficient psychologists available to support the needs of the patients, as most patients desired and expected more consistent contact with psychologists. Group therapies, led by psychologists, were also proposed as suggestions that could greatly boost the psychological environment in the PIU and promote well-being among the inpatients.

*“We can do activities on the unit so that the frequency of their contact with the psychologist is increased [...]” N1*

*[...] I think consistency in a group therapy and ther-*

*apy activities, so having a daily schedule when these activities are included in a consistent manner.” A4*

Another suggestion that was mentioned was the need for a more supportive physical environment in the PIU with fewer restrictions, such as establishing designated smoking areas or perhaps a garden to cater to the needs of those who smoke. Participants also suggested revising restrictive rules like the ‘no phone’ policy, which can lead to feelings of boredom and a lack of privacy. These suggestions could aim to enhance the patients’ experience by giving patients more control over their daily lives, and a less restrictive environment.

*“Ummm, maybe also having more space in a way [...] We can have different rooms, different activities that can be held, maybe different meetings that can be held. Maybe the issue of space, the issue of having, you know, a garden where they can smoke while being in a safe space and protected.” A1*

### **Discussion**

This study aimed to explore the multidisciplinary team’s perceptions of the direct and indirect role of psychologists in an acute psychiatry inpatient unit at a tertiary center in Lebanon. It also aimed to draw cultural comparisons between the Lebanese and UK findings and to identify gaps in collaborative teamwork, as well as the barriers and facilitators of referring to psychology. Four subordinate themes were identified, “Multidisciplinary Approach to Patient Care”, “Functions of Psychologist on PIU”, “Patient-centered Psychological Care”, “Limitations of Inpatient Unit and Suggestions for Improvements.”

The first theme “Multidisciplinary Approach to Patient Care” highlighted the importance of a collaborative multidisciplinary approach in a psychiatric inpatient unit, as psychiatrists, psychologists, and nurses all collaborated to provide quality patient care. This theme highlighted the importance of integrating psychological care with medical care, whilst emphasizing the need for a holistic treatment approach that addresses all aspects of patient health, from medical to emotional and social. Most patients benefitted from the synergistic effects of medicine and therapy. This reinforced Wood et al.’s [7, 8] findings, emphasizing the necessity of a comprehensive and multidisciplinary approach in psychiatric inpatient care, where psychology was valued especially in cases where pharmacological treatments were less effective. Building on this, our study extends a similar understanding to Lebanese society, highlighting the importance of teamwork among the MDT for improved patient care on the PIU.

The second theme “Functions of Psychologist on PIU” sheds light on how vital it is to have psychologists on the

PIU and the various roles they play. Psychologists were not only involved in direct patient care and psychoeducation, but they also had an important role in supporting staff members. This idea was also repeated by Ebrahim [12] who discussed how integral the role of psychology is in the MDT, specifically in supporting staff members and helping them navigate stressful situations. Furthermore, the unique and specialized expertise that psychologists have helps them build a therapeutic bond with patients. Their understanding of emotional experiences was further showcased in this study, and it complemented the MDT's therapeutic approach. This finding highlights the importance of psychology in inpatient units, and it also supports the findings by Wood et al. [7, 8] and Christofides et al. [6] which demonstrated that psychology's role was integral to the effective functioning of the MDT. Moreover, the support psychologists provided patients' families through family meetings and interventions were seen as extremely valuable by participants. This echoes Jankovic et al.'s [13] findings on the importance of family interventions on the patient's treatment journey.

The third theme "Patient-Centered Psychological Care" sheds light on issues pertaining to the variety of patient presentations, determinants of referral to psychological services, and the process of providing individualized patient-centered care. Like Wood et al.'s [7, 8] observations, our study's participants had a general idea of what they considered appropriate suitability criteria to refer to psychological services. Patients who were more stable were often referred for psychological treatment whereas patients who were severely unwell were directed towards medical treatment first.

The final theme "Limitations of Inpatient Unit and Suggestions for Improvements" highlighted the limitations and constraints that exist in the inpatient unit and the barriers that prevent further implementation of psychological services. The biggest is the scarcity of psychologists and human resources. This echoes the conclusions from Ebrahim [12] that highlighted the need for more psychological services on the inpatient unit, and the many benefits it could provide to the services as well as an overall positive patient experience.

### Limitations

This study focused solely on participants recruited from a single center, which limits external validity and generalizability. This means the insights gathered only pertain to the inpatient team's experiences within this specific center. Consequently, there are certain limitations on how broadly these findings can be applied to other inpatient settings.

It is also important to note that the primary investigator conducting the study was a member of the psychology

team within the recruiting institution. This aspect introduces a potential for bias in the analysis process. To reduce the risk of bias, the primary investigator took measures by involving two external researchers (F.M. and T.D.) in gathering and analyzing the data who were not affiliated with the clinical team from which the participants were selected.

### Conclusion

This pilot study provides a foundation for future research to further explore and improve psychological services in psychiatric inpatient units across Lebanon. This is the first study focusing on multi-disciplinary viewpoints towards the function of psychology in inpatient settings in Lebanon. Other hospitals in Lebanon may use the results to establish and improve access to psychological services in psychiatric inpatient units.

This study emphasizes the vital role of psychology within multidisciplinary mental health treatments, to provide a holistic approach to acute patient care. It shows the need for further psychological services integration, more collaboration between healthcare professionals, and patient-centered approaches. The role of psychology is not only limited to patient care but also to supporting PIU staff. When staff feel more supported this ultimately improves patient care [14]. These insights offer important implications for the improvement of psychological and holistic care in inpatient psychiatry in Lebanon.

### Abbreviations

MDT	Multidisciplinary team
PIU	Psychiatric inpatient unit
PHP	Partial hospitalization program

### Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s43045-024-00417-6>.

#### Supplementary Material 1.

### Acknowledgements

Nadia Harake, MD.

### Authors' contributions

Co-author ND began the initial steps for the project by writing the proposal and introduction, as well as securing the grant. Co-author FM conducted the interviews and transcribed them. Data analysis was done, through rigorous coding of the interviews line by line by co-authors FM, and TD, using the Braune and Clarke Method. This analysis was then further refined by all the co-authors in the team and finalized. Writing the manuscript, as well as editing and reviewing, was done by all the co-authors in this study. All authors read and approved the final manuscript.

### Authors' information

Co-author ND is a UK and Lebanese licensed clinical psychologist for adults at the Psychiatry Department of the AUBMC. She is the director of psychological services in the psychiatric inpatient unit (PIU) and Partial Hospitalization



Program (PHP). She is also a Clinical Instructor of Psychiatry at AUBMC and is involved in multiple training, teaching, and research activities.

#### Funding

AUB Seed Grant.

#### Availability of data and materials

The data that support the findings of this study are available from the corresponding author upon reasonable request.

#### Declarations

##### Ethics approval and consent to participate

This study was granted ethical approval by the Institutional Review Board (IRB) committee at AUB. IRB Code: SBS-2022-0166.

##### Consent for publication

Not applicable.

##### Competing interests

The authors declare that they have no competing interests.

Received: 31 January 2024 Accepted: 23 February 2024

Published online: 05 April 2024

#### References

- McGowan J, Hall R (2009) The role of psychological therapies in acute psychiatric care. *Clinical Psychology Forum* (Vol. 196, pp. 140-148). The British Psychological Society
- Clarke IE, Wilson HE (2009) *Cognitive behavior therapy for acute inpatient mental health units: Working with clients, staff and the milieu*. Routledge/Taylor & Francis Group
- Bowers L, Simpson A, Eyres S, Nijman H, Hall C, Grange A, Phillips L (2006) Serious untoward incidents and their aftermath in acute inpatient psychiatry: The Tompkins Acute Ward Study. *Int J Ment Health Nurs* 15(4):226–234
- Healthcare commission (n.d.) [https://www.ucl.ac.uk/core-study/sites/core-study/files/healthcare\\_commission\\_2008\\_The\\_pathway\\_to\\_recovery.pdf](https://www.ucl.ac.uk/core-study/sites/core-study/files/healthcare_commission_2008_The_pathway_to_recovery.pdf)
- Small C, Pistrang N, Huddy V, Williams C (2018) Individual psychological therapy in an acute inpatient setting: Service user and psychologist perspectives. *Psychol Psychother* 91(4):417–433. <https://doi.org/10.1111/papt.12169>
- Christofides S, Johnstone L, Musa M (2012) 'Chipping in': Clinical psychologists' descriptions of their use of formulation in multidisciplinary team working. *Psychol Psychother Theory Res Pract* 85(4):424–435
- Wood L, Williams C, Billings J, Johnson S (2019) Psychologists' perspectives on the implementation of psychological therapy for psychosis in the acute psychiatric inpatient setting. *Qual Health Res* 29(14):2048–2056
- Wood L, Williams C, Billings J, Johnson S (2019) The role of psychology in a multidisciplinary psychiatric inpatient setting: Perspective from the multidisciplinary team. *Psychol Psychother* 92(4):554–564. <https://doi.org/10.1111/papt.12199>
- Pudalov LR, Swogger MT, Wittink M (2018) Towards integrated medical and mental healthcare in the inpatient setting: what is the role of psychology? *Int Rev Psychiatry* 30(6):210–223. <https://doi.org/10.1080/09540261.2018.1552125>
- Guest G, Namey E, Chen M (2020) A simple method to assess and report thematic saturation in qualitative research. *PLoS One* 15(5):e0232076. <https://doi.org/10.1371/journal.pone.0232076>
- Braun V, Clarke V (2006) Using thematic analysis in psychology. *Qual Res Psychol* 3(2):77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Ebrahim S (2022) Psychologists' perspectives on the contribution of psychology to acute adult mental health inpatient, crisis response home treatment and mental health liaison services. *J Ment Health* 31(5):666–672. <https://doi.org/10.1080/09638237.2021.1875410>
- Jankovic J, Yeeles K, Katsakou C, Amos T, Morriss R, Rose D, Nichol P, McCabe R, Priebe S (2011) Family caregivers' experiences of involuntary psychiatric hospital admissions of their relatives—a qualitative study. *PLoS One* 6(10):e25425. <https://doi.org/10.1371/journal.pone.0025425>
- Ince P, Haddock G, Tai S (2015) A systematic review of the implementation of recommended psychological interventions for schizophrenia: Rates, barriers, and improvement strategies. *Psychol Psychother Theory Res Pract* 89:324–350. <https://doi.org/10.1111/papt.12084>

psychiatric hospital admissions of their relatives—a qualitative study. *PLoS One* 6(10):e25425. <https://doi.org/10.1371/journal.pone.0025425>

- Ince P, Haddock G, Tai S (2015) A systematic review of the implementation of recommended psychological interventions for schizophrenia: Rates, barriers, and improvement strategies. *Psychol Psychother Theory Res Pract* 89:324–350. <https://doi.org/10.1111/papt.12084>

#### Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.