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Original article

Exploring the Effects of Establishing a Psychiatric Ward in Hatyai Regional Hospital

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Abstract Mental health disorders and substance abuse in Thailand heavily strain healthcare resources. Psychiatric wards in general hospitals improve access to comprehensive care, but their effect on patient outcomes and healthcare system efficiency in Thailand remains underexplored. This study aimed to compare patient demographics, clinical characteristics, and referral rates before and after establishing a psychiatric ward, and to evaluate the impact of ward on patient's care outcomes. This quasi-experimental pre-post study analyzed data from patients treated at a tertiary care hospital between 2019 and 2024. Demographic and clinical characteristics, including psychiatric and physical conditions, referral rates, and outcomes, were compared before and after the psychiatric ward's establishment in October 2022. Interrupted time series analysis assessed referral trends, and descriptive statistics compared patient characteristics and treatment outcomes. From this study, a total of 783 patients were recruited, with 497 treated before and 286 after the ward's establishment. The primary diagnoses shifted from substance use disorders (78.7% to 34.9%) to schizophrenia (6.4% to 33.2%), while mood disorders increased from 14.9% to 24.1%. Many patients presented with coexisting physical conditions requiring care. The median length of stay increased from 2 days (IQR: 1-4) to 13 days (IQR: 7-23, p<0.001), while readmission rates remained stable (1.6% vs. 2.8%, p=0.258). Clinical outcomes improved, with reductions in psychiatric symptoms and SAVE scores at discharge. Referral rates trended downward with a non-significantly immediate reduction (change=-8.64, 95% CI: -234 to 307,

p=0.848) and no significant change in trend after the ward's establishment (slope change=-1.16, 95% CI: -6.33 to 4.01, p=0.656). The establishment of psychiatric wards in regional and general hospitals has significantly improved patient care outcomes, allowing for comprehensive treatment addressing both physical and mental health needs through multidisciplinary teams. Patient care outcomes have also markedly improved, while referral rates to specialized facilities have trended to decline. Expanding psychiatric units and resources in regional and general hospitals has improved patient access and care continuity. This integrated model enhances treatment efficacy and reduces mental health stigma by incorporating psychiatric care into general healthcare settings..

***Keywords*: mental health services; multidisciplinary care; referral trends; psychiatric ward**

Introduction

Mental health is a fundamental aspect of well-being and is crucial in an individual's ability to lead a productive life and support national development. Despite its significance, access to high-quality and comprehensive mental health services remains a challenge in Thailand[1,2]. It is estimated that 14% of the population suffers from mental health disorders, including conditions such as depression and schizophrenia, which contribute to significant disability[3]. Tertiary care hospitals, often play a central role in providing complex medical services, including mental health care. However, these hospitals face limitations in addressing the growing demand for mental health services due to the absence of dedicated psychiatric wards. This lack of specialized care restricts access to timely diagnosis and effective treatment, particularly for psychiatric conditions with other physical conditions. Despite government initiatives aimed at improving mental health services, gaps in access to care persist, highlighting the need for structural changes in service delivery within tertiary hospitals[3].

Research has shown that establishing dedicated psychiatric units within hospitals significantly improves patient care by providing access to specialized mental health professionals such as psychiatrists and psychologists[4,5]. This improvement is particularly relevant in Thailand, where mental and behavioral problems, especially those related to substance use, are major contributors to the national health burden, accounting for 68% of all Disability Adjusted Life Years (DALYs) lost[6]. Over the past three years, the demand for mental health services in Thailand has surged by approximately four times higher, highlighting the growing need for comprehensive psychiatric care. Despite this, many general hospitals lack dedicated psychiatric wards, forcing patients with complex psychiatric and physical conditions to seek care in specialized psychiatric hospitals, often resulting in fragmented care and delayed treatment. This situation mirrors international experiences where integrating psychiatric wards into general hospitals has shown significant benefits. For example, in Germany, the establishment of psychiatric wards increased the capacity to treat patients with psychotic and anxiety disorders by 81%[7]. Similarly, in Japan, multidisciplinary teams in psychiatric wards within general hospitals improved the management of psychiatric emergencies[8]. These international models underscore the potential impact of establishing psychiatric wards

in Thai hospitals to improve the accessibility and continuity of mental health services.

This study aimed to analyze and compare the demographic and clinical characteristics of patients treated at a tertiary care hospital and those referred to specialized psychiatric hospitals before and after establishing a dedicated psychiatric ward. Additionally, it seeked to explore the impact of the new ward on referral rates to psychiatric departments and evaluate whether the introduction of this specialized care unit leads to improved clinical outcomes for patients. By addressing these objectives, this research would provide valuable insights into the effectiveness of integrating psychiatric services within a tertiary care hospital setting in Thailand.

Methods

This study employed a quasi-experimental pre-post design to evaluate the impact of establishing a psychiatric ward at Hat Yai Hospital on October 1st, 2022. Data were collected from medical records during two distinct time periods: the pre-establishment period (2019 to 2022) and the post-establishment period (2023 to 2024). The study received ethical approval from the Hat Yai Hospital Ethics Committee (HYH EC 001-67-01).

Participants

The study population included patients who were 18 years of age or older and received psychiatric care at Hat Yai Hospital between 2019 and 2024. This included both inpatients admitted to the hospital's psychiatric ward after its establishment in October 2022 and patients referred to specialized psychiatric hospitals throughout the study period. Patients without a finalized psychiatric diagnosis or whose medical records were incomplete or missing were excluded from the study. The sample size was determined using a test power of 0.8, an alpha error of 0.05, and an effect size of 0.25. By setting the proportion to 4:1 for before: after establishment. The estimated sample size was 783.

Procedures

Data for this study was obtained from the Electronic Medical Records (EMR) system at Hat Yai Hospital, covering the period from October 1, 2019, to September 30, 2023. Data extraction form was developed by a team of psychiatrists, mental healthcare providers, and statisticians. The draft was piloted with 30 cases to ensure comprehensiveness, accuracy, and availability of data. With the finalized version of the data extraction form, psychiatric specialist nurses and psychologists reviewed the EMR to ensure the accurate extraction of relevant information, including patient demographics such as age, gender, race, religion, and healthcare insurance. Additional data extracted included patient initial service unit, transfers, access to the hospital, reasons for the visit, discharge status, and admissions. Details on principal psychiatric diagnoses, classified under the International Classification of Diseases (ICD) code F, which pertains to mental and behavioral disorders, were also captured. Referral data were obtained from the hospital's referral registry, covering referrals made from the outpatient department (OPD), inpatient department (IPD), and emergency room (ER) for psychiatric visits. Information on referred hospitals, referral dates, admission dates, discharge dates, and visit dates was collected, along with clinical outcomes assessed using the Brief Psychiatric Rating Scale (BPRS) and SAVE scores.

The key intervention in this study was the estab-

lishment of the psychiatric ward in October 2022. Study outcomes included patient characteristics, the number of psychiatric referrals before and after the ward's establishment, and clinical endpoints, which were assessed using the SAVE (Suicide Assessment Five-step Evaluation and Triage) and BPRS (Brief Psychiatric Rating Scale) scores. The BPRS assesses the severity of psychiatric symptoms in conditions like schizophrenia and mood disorders, evaluating 18 domains such as anxiety, depression, and hallucinations. Scores range from 1 (not present) to 7 (extremely severe), with higher scores indicating greater psychopathology[9]. The SAVE score assesses the risk of dangerous behaviors in psychiatric patients, including suicide, violence, and escape attempts, helping guide management and safety decisions[10]. These scores were measured both at the time of admission and before hospital discharge to evaluate changes throughout the patients' treatment.

Statistical analysis

Discrepancies between the two entries were rechecked and resolved before analysis. All statistical analyses were performed using the R program (version 4.0.2). Continuous variables were presented as the mean with standard deviation or the median with interquartile range, depending on the data distribution, while categorical variables were summarized as frequencies and percentages. The normality of continuous data was assessed using the Shapiro-Wilk test. For normally distributed data, independent t-tests were used to compare the pre- and post-establishment groups. For non-normally distributed data, the Mann-Whitney U test was applied. Fisher's exact test was used to compare categorical variables between the pre- and post-establishment periods.

The change in the number of patients referred to psychiatric hospitals was assessed using an interrupted time series analysis, comparing referral trends before and after the establishment of the psychiatric ward. The analysis examined both the trend and the change in the number of referred cases, with Ordinary Least Squares (OLS) regression applied for statistical evaluation.

Ethics approval and consent to participate

The study adhered to the Declaration of Helsinki and received approval from the Hatyai Hospital Ethics Committee (HYH EC 001-67-01). Written informed consent was obtained from all participants before the study commencement. The full document and informed consent form are available upon special request.

Results

A total of 783 patients were admitted during the study period, with 497 admitted before and 286 after the psychiatric ward's establishment (Table 1). The median age of patients was 38 years, with younger patients admitted post-establishment (33 vs. 42 years, $p<0.001$). The proportion of female patients increased from 22.3% to 28% ($p=0.023$). Access methods also changed, with fewer patients admitted via family members (59% vs. 42.7%) and more by government officers (20.9% vs. 42.7%) post-establishment ($p<0.001$). Reasons for admission shifted significantly, with increases in delusions/hallucinations (18.3% to 57.3%), aggressive behavior (28.2% to 74.5%), and suicidal ideation (7% to 18.2%) ($p<0.001$). Substance use disorders declined from 60.8% to 35.7%, while schizophrenia (13.7% to 32.9%) and mood disorders (6% to 21.7%) increased

Table 1 Characteristics of patients receiving inpatient and referred psychiatric care before and after the establishment of a psychiatric ward at a tertiary care hospital.

Variables	Admitted			p-value	Referred			p-value
	Total	Before (2019-2022)	After (2022-2023)		Total	Before (2019-2022)	After (2022-2023)	
Number	783	497	286		437	386	51	
Age (year): median (IQR)	38 (31,50)	42 (34,54)	33 (26.2,42)	<0.001	32 (27,38)	32 (27,38.75)	34 (28,36.5)	0.768
Female: numbers (%)	191 (24.4)	111 (22.3)	80 (28)	0.023	93 (21.3)	85 (22.0)	8 (15.7)	0.392
Access to the hospital: numbers (%)				<0.001				0.737
Self-access	52 (6.6)	30 (6)	22 (7.7)		28 (6.4)	24 (6.2)	4 (7.8)	
Family members	415 (53)	293 (59)	122(42.7)		141 (32.2)	128 (33.2)	13 (25.5)	
Private clinics/hospitals	73 (9.3)	61 (12.3)	12 (4.2)		19 (4.3)	16 (4.1)	3 (5.9)	
Government officers	226 (28.9)	104 (20.9)	122 (42.7)		245 (56.1)	214 (55.4)	31 (60.8)	
Unknown	11 (1.4)	6 (1.2)	5 (1.7)		4 (0.9)	4 (1.0)	0 (0)	
Missing	6 (0.8)	3 (0.6)	3 (1)					
Reason for a visit: numbers (%)								
Delusion/ hallucination	255 (32.6)	91 (18.3)	164 (57.3)	<0.001	226 (51.7)	192 (49.7)	34 (66.7)	0.023
Aggressive behaviors or violence	353 (45.1)	140 (28.2)	213 (74.5)	<0.001	371 (84.9)	332 (86.0)	39 (76.5)	0.074
Suicidal attempt or idea	87 (11.1)	35 (7)	52 (18.2)	<0.001	18 (4.1)	16 (4.1)	2 (3.9)	1.000
Other reason	338 (43.2)	316 (63.6)	22 (7.7)	<0.001	1 (0.2)	1 (0.3)	0 (0)	1.000
Diagnosis: numbers (%)				<0.001				0.409
Substance use	404 (51.6)	302 (60.8)	102 (35.7)		113 (25.9)	97 (25.1)	16 (31.4)	
Schizophrenia	162 (20.7)	68 (13.7)	94 (32.9)		260 (59.5)	231 (59.8)	29 (56.9)	
Mood disorders	92 (11.7)	30 (6)	62 (21.7)		48 (11.0)	45 (11.7)	3 (5.9)	
Others	125 (16.0)	97 (19.5)	28 (9.7)		16 (3.7)	13 (3.4)	3 (5.9)	

(p<0.001).

The median length of stay increased significantly after the establishment of the psychiatric ward, from 2 days (IQR: 1, 4) to 13 days (IQR: 7, 23) (p<0.001) (Table 2). A higher proportion of patients had a length of stay exceeding 7 days after the ward's establishment (74.5% vs. 8%, p<0.001). No significant difference was found in readmission rates between the two periods (1.6% before vs. 2.8% after, p=0.258).

As shown in Figure 1, the distribution of principal psychiatric diagnoses shifted from 2019 to 2023. The proportion of substance use disorders decreased, while schizophrenia and mood disorders increased. In 2019, 78.7% of patients were diagnosed with substance use disorders, but this dropped to 34.9% in 2022 and 38.9% in 2023. Schizophrenia cases increased from 6.4% in 2019 to 33.2% in 2022 and 31.5% in 2023, while mood disorders rose from 14.9% in 2019 to 21.1% in 2022 and 24.1% in 2023. In addition, many patients presented with secondary medical conditions, as shown in Figure 2, with endocrine disorders (29%) being the most common. Other secondary diagnoses included conditions influencing health status (11.7%), circulatory system disorders (10.6%), and digestive system issues (6.1%).

Clinical outcomes from October 2022 to September 2023 were assessed using the Brief Psychiatric Rating Scale (BPRS) and SAVE scores. Figure 3 shows changes in psychiatric symptoms between ad-

Table 2 Length of stay and readmission rates before and after the establishment of a psychiatric ward at a tertiary care hospital

	Total	Before	After	p-value
Admitted cases				
Number	783	497	286	
Length of stay (days); Median (IQR)	4 (1,10)	2 (1,4)	13 (7,23)	<0.001
Length of stay: n (%)				<0.001
≤7 days	530 (67.7)	457 (92)	73 (25.5)	
>7 days	253 (32.3)	40 (8)	213 (74.5)	
Readmit: n (%)	16 (2)	8 (1.6)	8 (2.8)	0.258
Referred cases				
Number	783	497	286	
Time to refer: n (%)				<0.001
≤7 days	425 (97.3)	382 (99.00)	43 (84.3)	
>7 days	12 (2.7)	4 (1)	8 (15.7)	
Time to Refer from IPD (N=71): n (%)				<0.001
≤7 days	61 (85.9)	55 (96.5)	6 (42.9)	
>7 days	10 (14.1)	2 (3.5)	8 (57.1)	

Figure 1 Principal diagnoses of patients admitted from 2019 to 2023

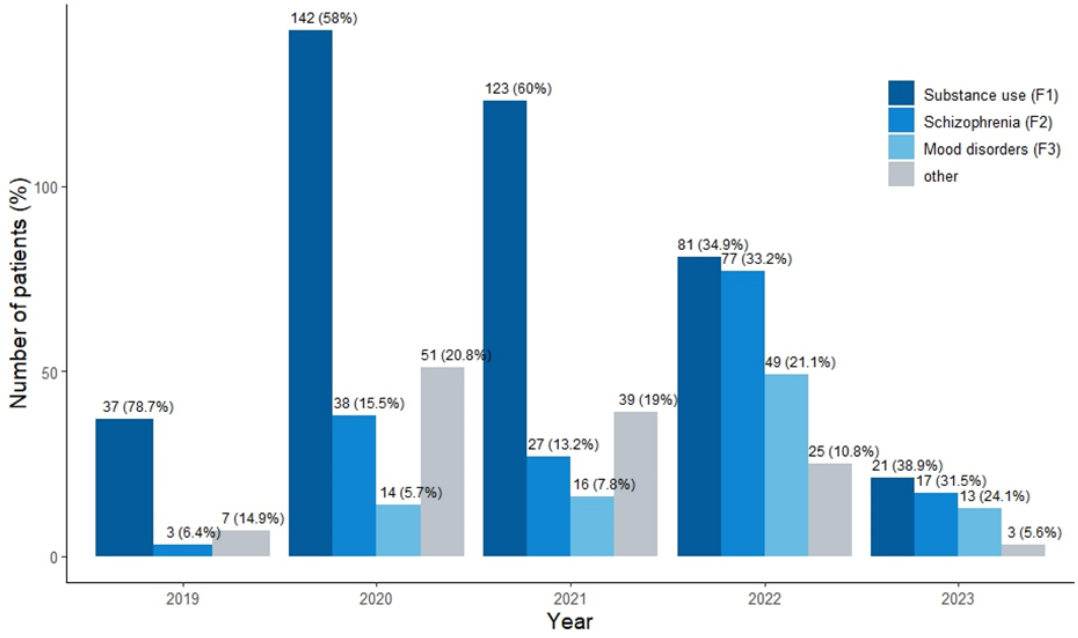


Figure 2 Number of psychiatric patients by secondary diagnoses from 2019 to 2023

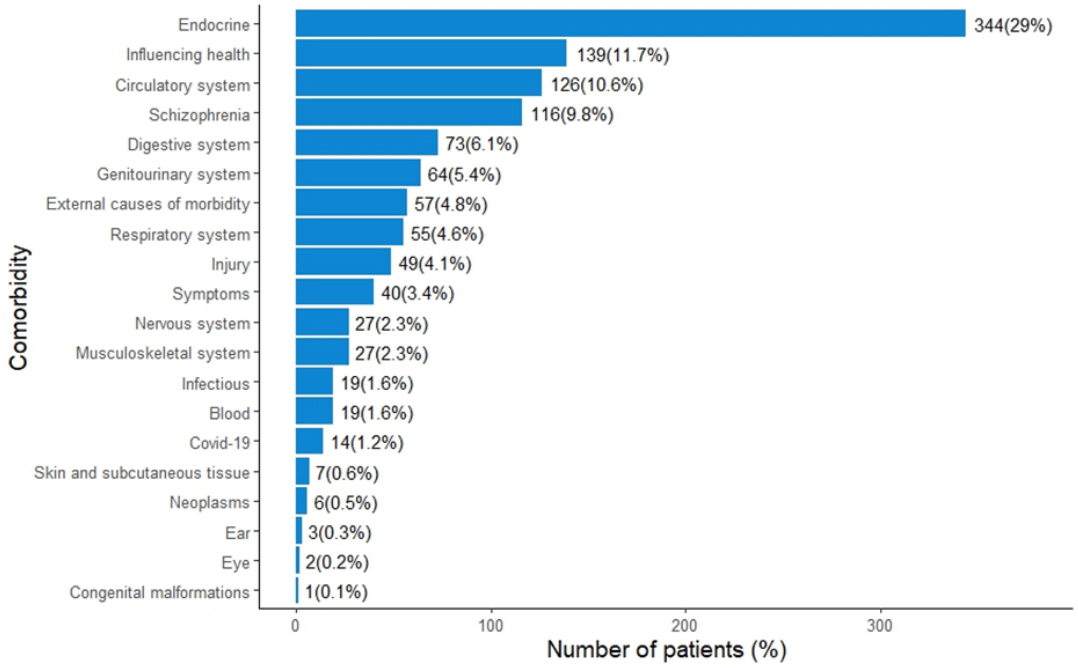
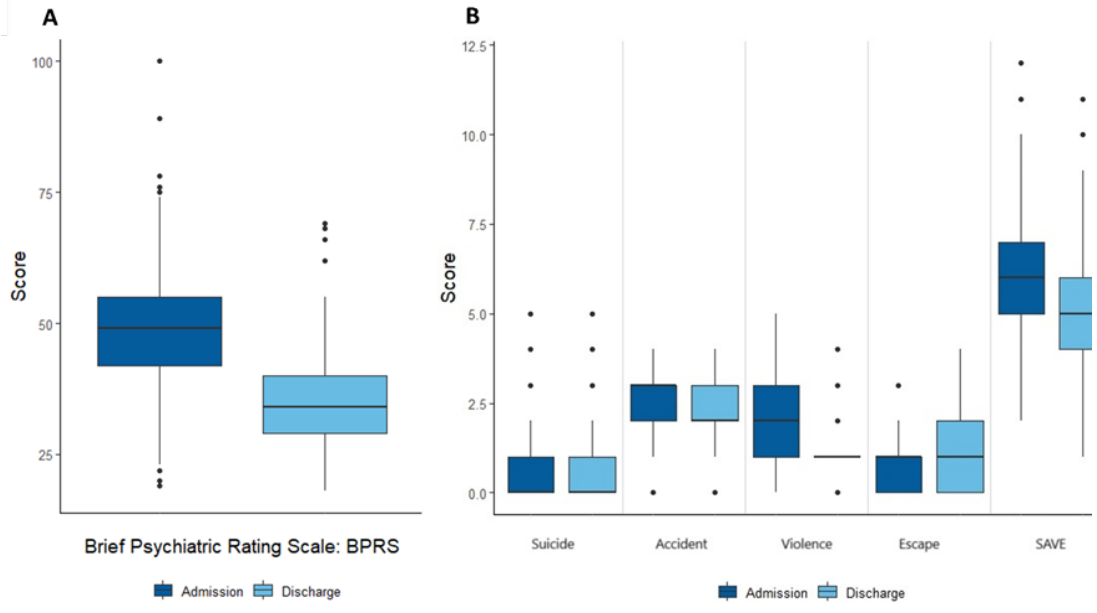


Figure 3 Clinical outcomes of patients admitted to the psychiatric ward from October 2022 to September 2023, assessed using the Brief Psychiatric Rating Scale (A) and SAVE scores (B) at admission and discharge



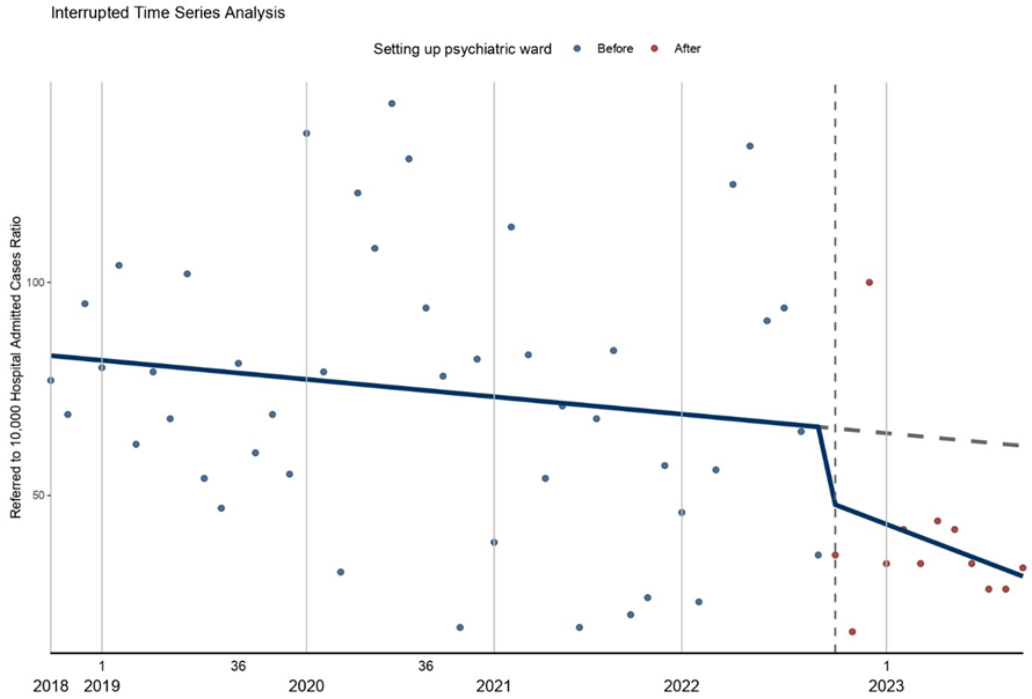
mission and discharge. The median BPRS score decreased from 41.5 to 55.0, reflecting reduced symptom severity. SAVE scores, measuring risks of suicide, accident, violence, and escape, also improved, with reductions in violence and suicide prevention from 4 to 6.

During the study period, 437 patients were referred, with 386 referred before and 51 after the psychiatric ward's establishment (Table 1). The median age and proportion of female patients showed no significant differences between the two periods (p=0.768 and p=0.392, respectively). The percentage of patients referred by government officers increased significantly (49.7% to 66.7%, p=0.023), though reasons for referral, such as aggressive behavior or suicidal attempts, showed no significant changes.

In total, 783 patients were referred, with 497 referred before and 286 after the ward's establishment (Table 2). Referrals within 7 days decreased from 99% to 84.3%, while referrals taking longer than 7 days increased (1% to 15.7%, p<0.001). Among IPD referrals (N=71), referrals within 7 days dropped from 96.5% to 42.9%, while those taking longer than 7 days rose from 3.5% to 57.1% (p<0.001).

The interrupted time series analysis assessed the trend in referral rates before and after the psychiatric ward's establishment. Figure 4 shows that the referral rate per 10,000 hospital admissions declined slightly before the intervention (slope=-0.372, p=0.279).

Figure 4 Interrupted Time Series Analysis of referral rates before and after the establishment of a psychiatric ward



Remark: The figure illustrates the referral rate per 10,000 hospital admissions from 2018 to 2023. The vertical dashed line marks the establishment of the psychiatric ward in 2022. The blue line represents the trend in referral rates before the intervention, while the yellow dashed line shows the projected trend post-intervention.

The establishment of the psychiatric ward showed a trend toward decreasing the number of referrals but had no significant immediate effect (change=36.4, p=0.788). Additionally, there was no significant change in the trend after the intervention (slope change=-1.16, p=0.656), indicating that the intervention did not lead to a meaningful shift in referral rates over time.

Discussion

This study examined the effects of establishing a psychiatric ward at a tertiary care hospital, finding that post-establishment, younger patients, more females, and an increased number of cases involving delusions, hallucinations, aggression, and suicidal ideation were admitted. The median length of stay increased significantly, though readmission rates remained stable. There was a shift in diagnoses, with fewer substance use disorders and more cases of schizophrenia, mood disorders, and comorbidities like endocrine and circulatory disorders. The interrupted time series analysis showed no significant change in referral rates following the ward's introduction.

Our study shows that the length of stay in the psychiatric ward significantly increased after its establishment, reflecting more comprehensive care for both mental and physical conditions, as patients were no longer transferred early without receiving full treatment.[11,12] The shorter length of stay before the ward's establishment was largely due to patients being admitted briefly before being transferred to other facilities, without receiving comprehensive care. The reduction in referrals within seven days after the ward's opening suggests that the psychiatric ward in the general hospital was established to provide immediate, integrated care, preparing patients for long-term psychiatric treatment in specialized hospitals. Additionally, our findings strongly demonstrate that many psychiatric patients also present with physical health issues, emphasizing the importance of holistic, multidisciplinary care. The unchanged referral rate may be attributed to the limited number of beds available in the psychiatric ward, which constrains the hospital's capacity to manage additional referrals.

Our findings align with existing literature on the benefits of establishing psychiatric wards in general hospitals. Like the 81% increase in psychiatric admissions in Germany, our study found significant shifts in patient demographics and diagnoses[7]. In line with findings from Brazil, resource limitations such as overcrowding and high bed occupancy rates were observed in our setting, reinforcing the need for expanded psychiatric services[4]. The importance of interdisciplinary collaboration, as demonstrated in Japan, is also supported by our results, showing improvements in clinical outcomes through integrated care involving both mental health and general medical professionals.[8] Finally, the increase in emergency psychiatric calls and rising demand for mental health services in Thailand underscores the urgent need for further expansion of psychiatric care, particularly in smaller hospitals, to alleviate pressure on tertiary care facilities.

A key strength of this study is its real-world evaluation of the impact of establishing a psychiatric ward in a tertiary care hospital, providing valuable insights into patient outcomes, referral trends, and interdisciplinary care in a previously understudied setting. The use of pre-and post-establishment data enables a meaningful comparison of the ward's effectiveness in

delivering comprehensive care. However, the study has several limitations. The relatively short follow-up period post-establishment limits the assessment of long-term outcomes, and the lack of randomization introduces potential (i) selection bias. (ii) Additionally, the pre-post design (iv) cannot definitively attribute changes to the ward's establishment, as other major health policies during the period—such as increased access to cannabis and regulations granting authority to government officers to bring psychiatric patients to the hospital—may have contributed. Finally, the limited number of beds in the psychiatric ward (v) may have influenced referral rates and restricted the findings' generalizability to settings with more resources.

Our findings support establishing psychiatric wards in general and tertiary care hospitals to enhance patient care and system efficiency[3]. These wards enable faster, more effective treatment for acute psychiatric and substance abuse cases, improving clinical outcomes, public safety, and reducing societal impacts. Interdisciplinary collaboration between mental health and other medical professionals fosters better communication and teamwork, addressing the limitations of specialized psychiatric hospitals. Additionally, integrating inpatient care with community-based rehabilitation can improve treatment continuity and reduce relapse rates, making this model valuable for broader implementation.

To address these challenges, we advocate for the Ministry of Public Health to invest in staffing and infrastructure, particularly in smaller hospitals. Expanding psychiatric services to large community hospitals and developing specialized units, such as mini-Thanyarak drug rehabilitation centers, will help alleviate overcrowding and improve access to care.

This study demonstrates that establishing a psychiatric ward in a tertiary care hospital significantly enhances the quality of care for patients with both psychiatric and physical health conditions. The increase in length of stay and the shift in patient diagnoses reflect the ward's ability to provide more comprehensive and integrated treatment. However, the unchanged referral rates highlight the ongoing challenges of resource limitations. These findings underscore the critical need for policy actions that prioritize staffing, infrastructure, and service expansion, ensuring that all patients have access to the timely, holistic care they deserve.

Policy recommendations

Promote the establishment of psychiatric wards in general and regional hospitals nationwide to increase access to comprehensive care for psychiatric and substance abuse patients, especially those with severe symptoms.

Support the development of multidisciplinary teams in psychiatric care to effectively manage both mental health issues and physical health conditions.

Encourage the integration of medical treatment and community-based therapy to improve treatment efficacy and reduce relapse rates.

Increase support for human resources and infrastructure for psychiatric wards, particularly in smaller general hospitals lacking specialized personnel.

Consider expanding psychiatric ward services to large community hospitals to alleviate congestion in regional and general hospitals.

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การศึกษาประสิทธิผลของการจัดตั้งหอผู้ป่วยจิตเวชในโรงพยาบาลศูนย์หาดใหญ่

ไชยสิทธิ์ เทพชาตรี พ.บ.*; **ศรวัส แสงแก้ว พ.บ., ปร.ด.****; **หทัยทิพย์ ธรรมวิริยะกุล พ.บ.****; **ธัญลักษณ์ วันเลียง พ.บ.*****; **วิราวรรณ ประยูรสวัสดิ์เดช พย.ม.*****; **ศิววงศ์ เพชรรัตน์ วท.ม.*****; **ปวันรัตน์ คงเรือง พย.ม.******; **ชาดา คงไพฑูรย์ วท.บ.*******; **คอดีเย๊าะ กาเสาะ วท.ม.********

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บทคัดย่อ: โรคทางจิตเวชและการใช้สารเสพติดในประเทศไทย สร้างภาระอย่างมากต่อทรัพยากรด้านสาธารณสุข หอผู้ป่วยจิตเวชในโรงพยาบาลศูนย์ และโรงพยาบาลทั่วไป การปรับปรุงการเข้าถึงและดูแลแบบองค์รวม มีผลกระทบต่อผลลัพธ์ของผู้ป่วย และประสิทธิภาพของระบบสาธารณสุขในประเทศไทย ยังไม่ได้รับการศึกษาอย่างละเอียด การศึกษานี้มีวัตถุประสงค์เพื่อเปรียบเทียบลักษณะทางประชากรศาสตร์ ลักษณะทางคลินิก และอัตราการส่งต่อของผู้ป่วยก่อนและหลัง การจัดตั้งหอผู้ป่วยจิตเวช รวมทั้งประเมินผลกระทบของหอผู้ป่วยต่อผลลัพธ์ของผู้ป่วย โดยใช้การศึกษากึ่งทดลองแบบก่อน-หลังนี้ วิเคราะห์ข้อมูลจากผู้ป่วยที่ได้รับการรักษาในโรงพยาบาลตติยภูมิระหว่างปี พ.ศ.2562 ถึง พ.ศ.2567 โดยเปรียบเทียบลักษณะทางประชากรศาสตร์และคลินิก รวมถึงภาวะทางจิตเวชและทางร่างกาย อัตราการส่งต่อ และผลลัพธ์ก่อนและหลัง การจัดตั้งหอผู้ป่วยจิตเวช ในเดือนตุลาคม ปี พ.ศ. 2565 ใช้การวิเคราะห์อนุกรมเวลาแบบขัดจังหวะ เพื่อประเมินแนวโน้มการส่งต่อ และใช้สถิติเชิงพรรณนาเปรียบเทียบลักษณะและผลลัพธ์ของผู้ป่วย ผลการศึกษาพบว่า ผู้ป่วยทั้งหมด 783 ราย โดย 497 ราย ได้รับการรักษาก่อน และ 286 ราย หลังการจัดตั้งหอผู้ป่วย การวินิจฉัยหลักเปลี่ยนจากโรคจากการใช้สารเสพติด (ลดลงจากร้อยละ 78.7 เหลือร้อยละ 34.9) เป็นโรคจิตเภท (เพิ่มขึ้นจากร้อยละ 6.4 เป็นร้อยละ 33.2) ขณะที่โรคอารมณ์เพิ่มขึ้นจากร้อยละ 14.9 เป็นร้อยละ 24.1 ผู้ป่วยจำนวนมาก มีโรคทางกายร่วมด้วยซึ่งต้องการการดูแล ระยะเวลาการนอนโรงพยาบาลเฉลี่ยเพิ่มขึ้นจาก 2 วัน (IQR: 1-4) เป็น 13 วัน (IQR: 7-23, p<0.001) ขณะที่อัตราการกลับเข้ารับการรักษาซ้ำคงที่ (ร้อยละ 1.6 เทียบกับร้อยละ 2.8, p=0.258) ผลลัพธ์ทางคลินิกดีขึ้น โดยมีการลดลงของอาการทางจิตเวชและคะแนนแบบประเมินความเสี่ยงทางคลินิก (SAVE) เมื่อจำหน่าย อัตราการส่งต่อมีแนวโน้มลดลงแต่ไม่มีนัยสำคัญทางสถิติทันทีหลังจัดตั้งหอผู้ป่วย (การเปลี่ยนแปลง = -8.64 ร้อยละ 95 CI: -234 ถึง 307, p=0.848) และไม่มีการเปลี่ยนแปลงแนวโน้มอย่างมีนัยสำคัญ (การเปลี่ยนแปลงความชัน = -1.16 ร้อยละ 95 CI: -6.33 ถึง 4.01, p=0.656) ดังนั้น การจัดตั้งหอผู้ป่วยจิตเวชในโรงพยาบาลศูนย์ และโรงพยาบาลทั่วไป ทำให้สามารถให้การดูแลผู้ป่วยครอบคลุมทั้งด้านจิตเวชและร่างกายโดยทีมสหวิชาชีพอย่างมีประสิทธิภาพ ทำให้ผลลัพธ์การดูแลผู้ป่วยดีขึ้นอย่างมีนัยสำคัญ ขณะที่อัตราการส่งต่อมีแนวโน้มที่ลดลง การขยายหอผู้ป่วยจิตเวช และเพิ่มทรัพยากรในโรงพยาบาลศูนย์ และโรงพยาบาลทั่วไป จึงช่วยให้ผู้ป่วยเข้าถึงบริการและการดูแลรักษาอย่างต่อเนื่องได้มากยิ่งขึ้น

คำสำคัญ: **บริการสุขภาพจิต; การดูแลแบบสหวิชาชีพ; แนวโน้มการส่งต่อ; หอผู้ป่วยจิตเวช**