UTJMS 2026 February 16, 15(S1):e1-e3 doi:10.46570/utjms-2026-1683

The Potential Utility of Supportive Psychotherapy for Medically Admitted Patients

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Received 8/1/2025

Accepted for publication 11/10/2025

Published 2/16/2026

Abstract

The use of psychotherapy in inpatient settings is underexplored but shows promising benefits. This review summarizes the literature on its application in both inpatient psychiatric and medical units, with a focus on supportive psychotherapy as a potential modality for providing medically hospitalized patients with psychotherapeutic care. To further explore this, we piloted an acting internship in which fourth-year medical students provided supportive psychotherapy to medically admitted patients of the psychiatry consult-liaison service. The model proved feasible and anecdotally beneficial for patients. It underscores the need for further investigation into the role of psychotherapy, and particularly supportive psychotherapy, in the care of medically admitted patients.

Keywords: Supportive Psychotherapy, Inpatient, Hospitalized

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1. Introduction

Many envision talk therapy occurring within the comfort of a therapist's office, or more recently, on a screen from one's couch. The current literature and practice reflect this sentiment. However, one might question whether untapped benefits exist for admitted patients. Recently, we explored this idea through the implementation of an acting internship in which fourth-year medical students provide supportive psychotherapy to medically hospitalized patients.

Psychotherapy as adjunct treatment within psychiatric units, though not ubiquitous, is increasingly integrated. While the literature is not abundant, the practice is validated by several meta-analyses on the subject. Depressive disorders are the most thoroughly investigated with a recent meta-analysis illustrating small to moderate, but sustained benefit in depressive symptoms for those who receive combination pharmacologic and psychologic therapies while admitted (1). A broader meta-analysis found moderate improvement in symptomatic and functional measures of psychiatric symptoms for those who received psychotherapy in addition to control treatments while admitted (2). Individual studies have investigated more specific clinical scenarios. Notably, a randomized control trial found that in patients hospitalized for a suicide attempt, the addition of brief CBT reduced readmission rates and subsequent suicide attempts at 6-month-follow-up (3).

However, within medical inpatient settings the application of psychotherapy is nearly unexplored. There is related meta-analytical evidence which suggests survival benefits provided by psychosocial support interventions in medical settings (4). Notably, this data did not focus on quality-of-life benefits and included data from outpatient settings. The lack of investigation into psychotherapy specifically is likely due, in part, to systemic barriers to its application. These barriers are frequently acknowledged in publications about their use within psychiatric inpatient settings. They are also likely exaggerated within medical units less accustomed to the provision of psychotherapy.

In my experience, these included frequent interruptions leading to less efficient or less productive sessions, pain or confusion making sessions more difficult to navigate, and unpredictable discharges resulting in abrupt endings to therapeutic relationships. However, the hospital itself is a significant stressor, and patients requiring care from a psychiatry consultation
service often come with psychiatric comorbidities. Many of these diagnoses are well established to benefit from outpatient psychotherapy, yet access to such therapy while in the hospital remains scarce. The lack of literature or practice on the subject, and question of potential benefit for both patient and learner encouraged us to confront these barriers.

2. Discussion

The model centered around identifying patients of the psychiatry consult-liaison service who could benefit from supportive psychotherapy. Patient selection was led by an attending physician, and selected patients were seen for ~50-minute sessions for the duration of their hospital stay as available. This included ~20 sessions encompassing 8 different patients with one patient receiving 6 sessions between two admissions. The challenges with such a model were, as discussed, largely predictable. Nurse interruptions for medication administration, other service interruptions, sessions being cut short for diagnostic studies, and waxing and waning patient mental status. While these factors necessitated simplification of therapeutic goals, they are also what made sessions subjectively valuable to patients. The sessions focused on simple goals such as building rapport, sharing of ego strength, encouraging outpatient follow up when relevant, and addressing areas of anxiety. Though each patient had unique narratives, diagnoses, and internal conflicts, there were some commonalities. Several patients experienced significant anxiety relating to physical or occupational therapy or declining health status. Validation of these fears was a centerpiece of care for several patients. Two patients found that sessions helped them cope with emotions surrounding their physical therapy. There was an importance placed on forming a strong therapeutic alliance with patients within a session or two. This proved successful with most patients, strengthening the argument that it is possible to do so quickly in the hospital setting. Most patients were interested in speaking for the duration of their hospital stay, and several reported sessions to be cathartic. One patient with undiagnosed hoarding disorder left the hospital having taken her first major steps to decluttering

her home. Patients reported a variety of meaningful benefits, and the model proved to be implementable over a month with plans to continue. Anecdotally the experience indicated that there may be value in further exploring the utility of inpatient supportive or behavioral therapies, particularly, for improving PT and OT participation rates and outcomes.

3. Conclusion

The hospital is anything but solitary — yet many of these patients lacked an empathetic listener. It was clear that 50 minutes as a listener with distinct, but simple, therapeutic goals, provided some with significant catharsis. While implementation was feasible in the context discussed, and patients reported meaningful benefits, further investigation is necessary to more formally support the efficacy and use of supportive psychotherapy in medically admitted patients.Looking forward, studies that explore whether inpatient psychotherapy affects objective clinical outcome measures in addition to subjective patient experiences may be of particular benefit.

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