What's helpful about an adolescent inpatient admission? Sharing knowledge and supporting practice

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Objectives

1. To describe a current inpatient model of care for adolescents.

2. To explore the experiences of adolescents, caregivers and clinicians in relation to the inpatient model of care.

Overview of Literature

International Journal of Mental Health Nursing

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REVIEW ARTICLE

Evaluating effectiveness in adolescent mental health inpatient units: A systematic review

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ABSTRACT: *Adolescent mental health research is a developing area. Inpatient units are the most widely used acute element of adolescent mental health services internationally. Little is known about inpatient units, particularly when it comes to measuring improvement for adolescents. Clinical outcome measurement in the broad context has gathered momentum in recent years, driven by the need to assess services. The measurement of outcomes for adolescents who access inpatient care is critical, as they are particularly vulnerable and are often considered the most difficult to treat. Following the PRISMA guidelines, the aim of this review was to assess whether adolescent inpatient units are effective and understand how outcomes are measured. CINAHL, MEDLINE with Full Text, ERIC, PsycINFO, and Cochrane databases were systematically searched. Studies were included if the inpatient units were generic and adolescents were between the mean age of 12-25 years. Furthermore, studies published in English within the last ten years were included. Exclusions were outpatient and disorder-specific inpatient settings. A total of 16 studies were identified. Each study demonstrated effectiveness on at least one outcome measure in terms of symptom stabilization. However, several outcome measures were used and therefore inpatient units lack consistency in how they measure improvement. Inpatient units are effective for the majority of young people as they result in symptom stabilization. Whilst symptom stabilization can be achieved, future research examining the mechanism of change is needed.*

KEY WORDS: *adolescent, inpatient, mental health, treatment outcomes.*

Therapeutic Interventions for Adolescents in Inpatient Care

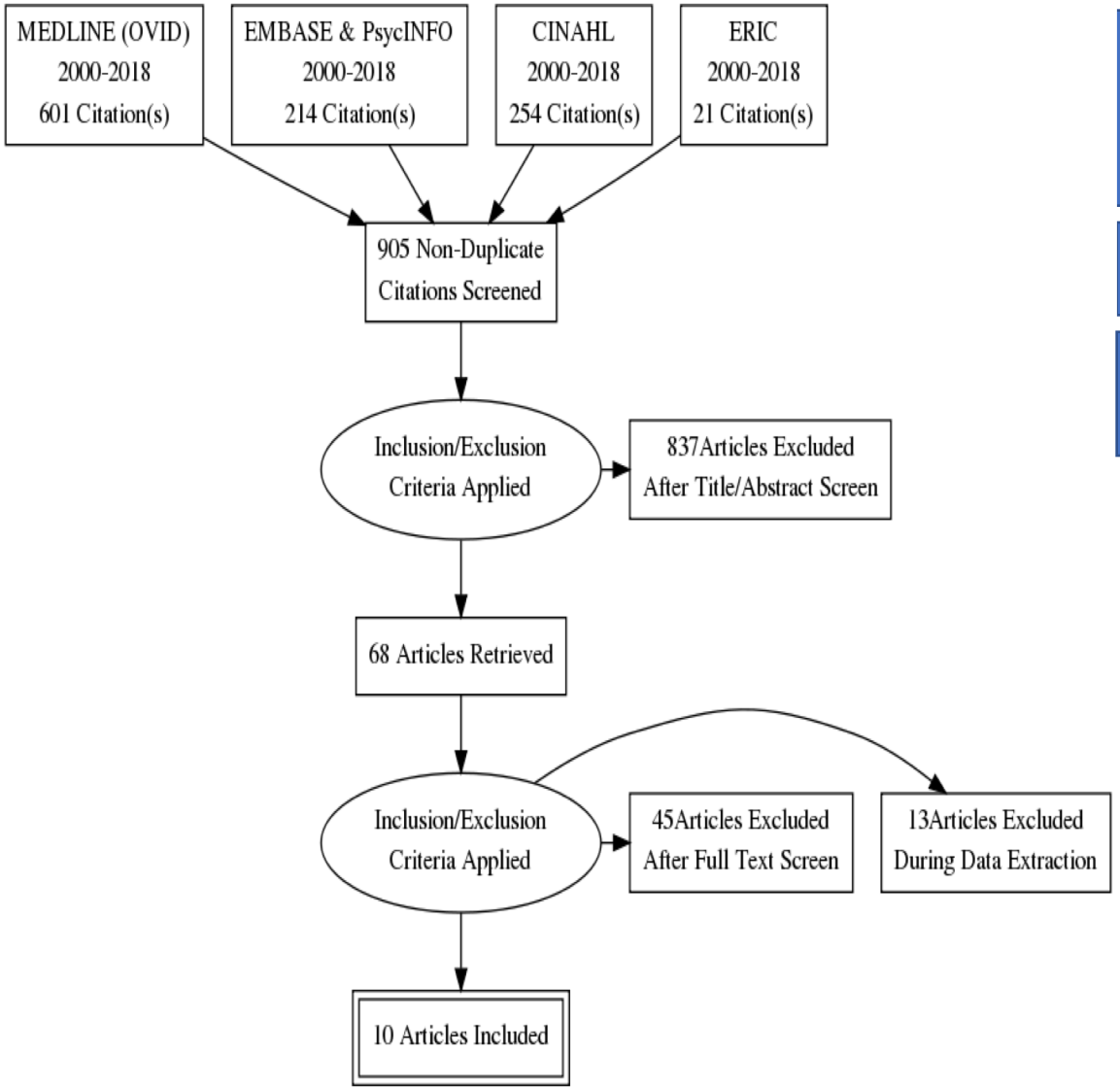
Target Population: adolescen* or “young person*” or “youth*” or “young adult*” or teen* or child*

inpatient* or "in-patient*" or client* or patient* or "service user*”

Setting: “mental health setting*” or "inpatient unit*" or in-patient unit*" or hospital* or admission* or “mental health service*” “psychiatric” or “mental health*” or “generic” or “generic inpatient unit*” or “general” or “general inpatient unit*” or “psychiatric”

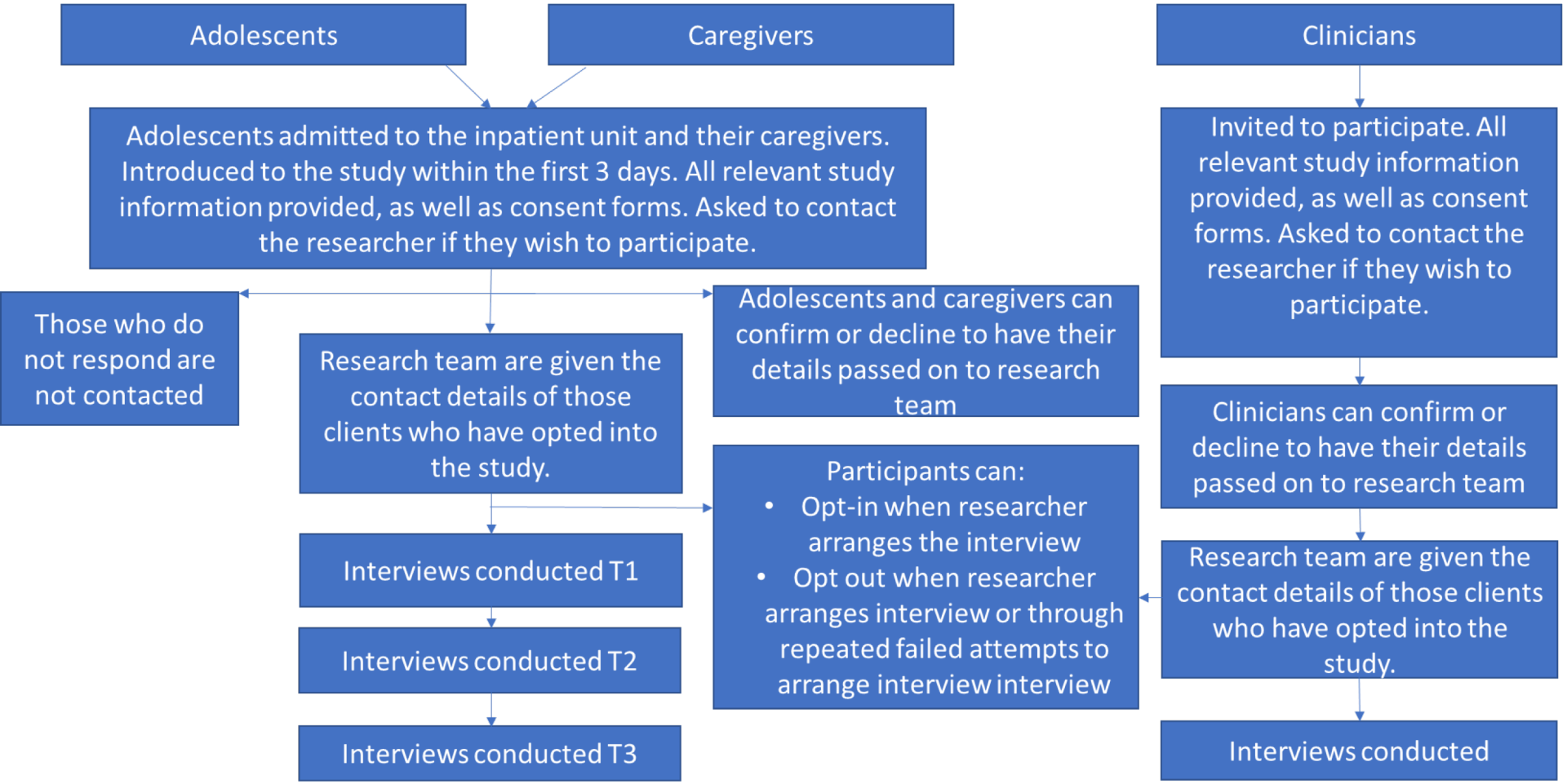
Model of Care: “Intervention*” or “Therap*” or “Treat*” or “group*” or “group therap*” or “program*” or individual* or family* or psychoed* or milieu*

Non-Pharmacological Therapeutic Interventions for Adolescents in Inpatient Care

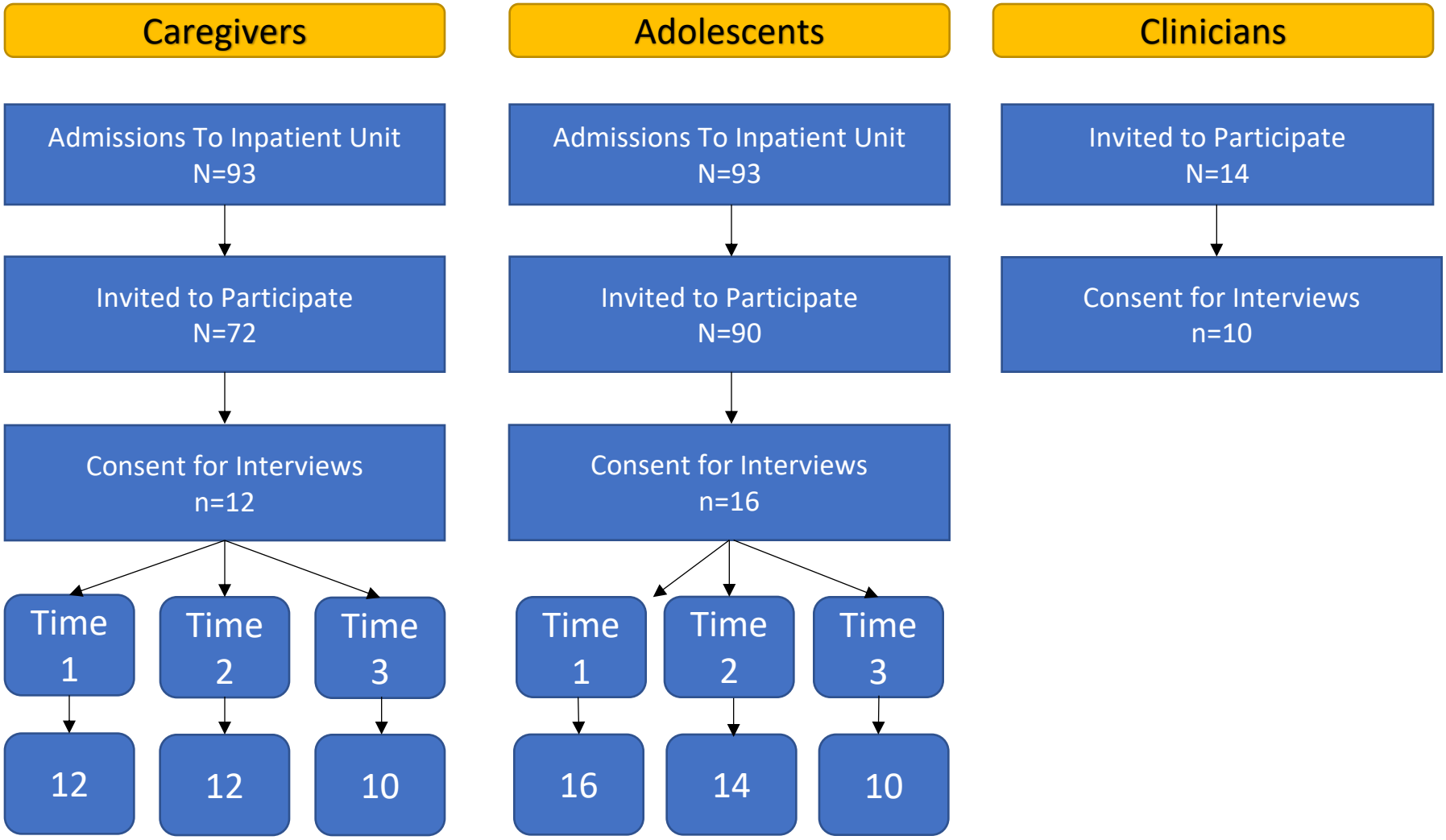


1. Narrative Discharge Letter (NZ)
2. Nursing Interventions (NZ)
3. Psychoeducational Suicide Prevention Group (US)
4. DBT Program (Can)
5. Reading and Story Telling Group (UK?)
6. Music Therapy (Aus)
7. Strength-Based Care (US)
8. Psychoeducation (NZ)
9. Early Warning Signs Journal Project (Uk)
10. Sensory Room (Aus)

Recruitment for study



Data Collection



Research Setting

- **10-12 bed unit. “Pathways”**
- **Two day programs**
  - **3 day - DBT - “ARCH”**
  - **1 day - art therapy - “LEAF”**
- **Outreach - “Outreach”**
  - **2 days**
- **Age Range: 13 – 22 years.**
- **Diagnoses Accepted: No exclusions, provided adolescent is able to participate in the programme.**


CardioMax
Repco


Pre-admission Meeting
Follow Up Availability
Willingness to Engage
Discharge Planning
Clear length of admission
Admission Preparation
Location: Melbourne, Australia. Number of Beds: 10-12. Age Range: 13-22. Group Attendance: Compulsory. Non-secure unit. Inpatient Unit Guided by DBT principles. Length of Stay: 32 Days
Interview Rooms, Lounges, Kitchen, Entertainment Areas, Gym, Distress Table, Single and Shared Rooms
Physical
Relaxed, Safe, Calm, Supportive, Neutral, Stable, Flexible
Social Media Restrictions
Environment
Atmosphere
Leadership. Top Down
Readmissions
Family & Outpatient Supports
Discharge Preparation
The Model of Care for Healthier Adolescents (MoCHA)
The Team
Open, Trusting, Validating, Therapeutic Rapport, Confident, Calm, Non-Judgemental, Consistent, DBT Trained, Good Communicators, Multidisciplinary, Varied Ages
Pharmacotherapy, Individuation, Containment, An Experience
Admission Interventions
Referral
Individual Interventions
Private Autonomy
Psychoeducation, Group Therapy, Recreational Activities, Family Therapy, Peer Support, Learning to Cope, Problem Solving
Group Interventions
On the same page
Structure, Sleep Hygiene, Diet, Listening, Validation, Trust, Safe, Containment, Firm boundaries, Peer Support
Environment
Belong Understood Accepted
Human Needs

Rachel at Time 1-Admission

Background: 18 year old lives at home with both parents and sibling. Lived in several countries and schools. Moved to Melbourne-Age 12.

Precipitating factors for admission: Context- *"Started a full time job…enjoying myself for a little bit..became stressful.. stopped enjoying what I was doing..initiated this decline".* Suicide attempt.

Key problems and inpatient admission expectations:

"Stop (suicidal thoughts) from happening so intensely.."

"Thinking the only way out is to kill myself…I don't want life to be like that". "Communicating anger"

Willingness to change: *"I can have advice from professionals, parents.. none of that will fix the problem, unless I put effort towards fixing the problem".*

Rachel's Mother at Time 1-Admission

Background: *"We moved again..probably the tipping point. That's when she changed the most."*

Key problems and inpatient admission expectations:

"Angry because she's not able to do her job properly…not enjoying her job. Doesn't want to be there…functioning and coping externally"

"I still find that she doesn't communicate everything, still not quite there"

"Just want them fixed and we know that doesn't happen. To have her in a safe place.."

Caregiver

Rachel at Time 2-Discharge

Rachel at Time 2-Discharge

Psychotherapy Group

"The iceberg … The tip of the iceberg is Anger… the base … that is fear. Fear behind the anxieties. So the tip is the more public feeling and below the surface, it's all hidden.."

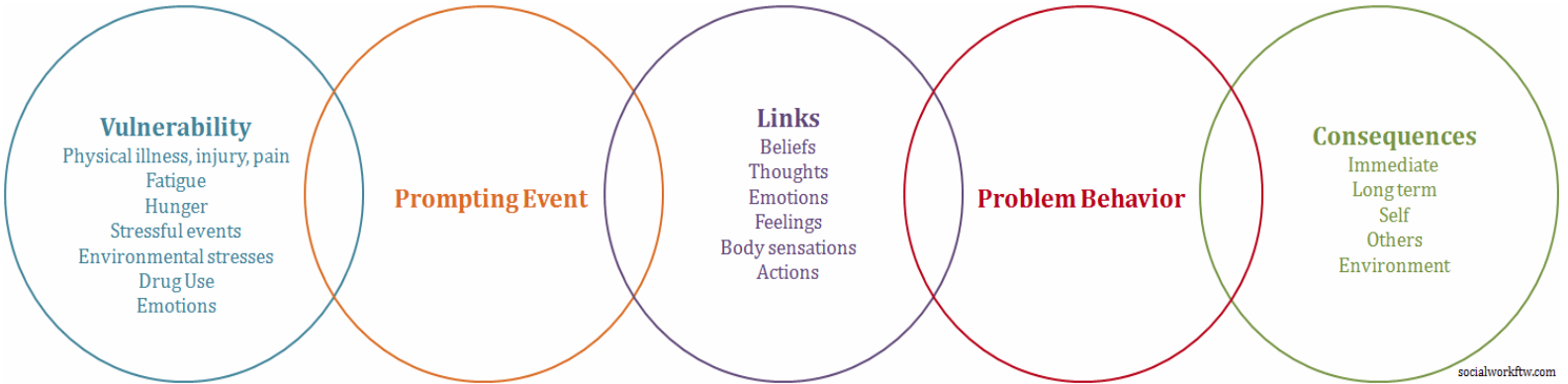
"It's almost like a one on one therapy session, just in a group setting"

Adolescent

Rachel at Time 2-Discharge

"Early in my admission, I would question, "Why am I even here?" (suicidal ideation) *I should have killed myself. When things go wrong, that's the first thought, even if I don't actually mean it or want to do it"*

(Chain analysis) *"Identify problem behaviour such as self-harm. Explore thoughts and feelings behind it. For me.. my psych appointment, not talking about how angry I was.. leaving still angry.. feelings of anger, frustration, disappointment that I couldn't talk. Everything that led up to that my problem behaviour"*



Adolescent

Rachel's Mother at Time 2-Discharge

"Settling in period...mid-admission..her behaviour definitely changed. She's angrier.. her Psych was trying to challenge her anger. So job done"

"She's been using the nurses as resource.. using her DBT skills so I think that's probably what I'm noticing more, that she's using those skills"

Caregiver

Rachel's Mother at Time 2-Discharge

(Parent's group) "really useful resource…levelling, comforting and lovely..good to talk to other parents and hear what their experiences are as well"

"The admission has given us a little bit of respite. It's been a long time. We are so ready to have her back"

"There is a long way to go and she needs to work on things outside the clinic environment"

"I hope she's able to voice it (anger). Rather than being so introspective"

Caregiver

Rachel's Mother at Time 2-Discharge

"A sense of social isolation..friends that she's been at school with.. different stages of their lives. She would be in year 12 now and doing the VCE as they all are...their lives are on different pathways..that's affecting her.. feeling different..will continue to be an issue until she finds the next step of her life, the direction of her life"

"She's sad. I don't think she knows where to go with it yet. She's trying to work it out independently...work it out for herself"

Caregiver

Rachel at Time 3-Six Months Follow-Up

(Suicidal ideation) *"I've learned how to manage when it pops up..it's not what I want to do. Now, an initial thought and then, what's my next thought?"*

(Interpersonal Relationships) *"More stable relationships.. used to be very unstable. I think getting better mentally, they improved along with it"*

(Independence) *"To go on an overseas trip by myself.. biggest step I've ever made. Getting to the airport, getting on a flight… doing everything on my own- huge for me"*

Adolescent

Rachel's Mother at Time 3-Six Months Follow-Up

"She's functioning on a higher level..noticing what's important in her life"

"A shift in perception. She has just been growing… still dips in her mood but she's dealing with things a lot better'

"An admission reminds her of the skills. But suddenly she's trying to implement them"

Caregiver

“She's bouncing back…that's the difference.. she's still experiencing low moods but able to reason with herself, work it all out in her head, express herself to us and then move on and deal with it”

“Admission seemed to have reset her and allowed her to continue with her life”

Caregiver


Thank You!

The Tattoo Example

"Her arms are severely scarred…decided to cover them up…had a tattoo. Initially, the feeling of being tattooed remind her of self harming… brought feelings back. But at the end…instead of looking down at scars, she was looking at beautiful flowers. Suddenly felt beautiful again… another turning point for her. That something so gorgeous could come out of something that has troubled her for so, so many years"

Caregiver

Our Sample N=39

Variable	Number	%	Average
Sex **Male** **Female**	 8 31	 21 79	
Age **16** **17** **18**	 10 9 7	 25 23 17	
Length of Stay	39	N/A	32 Days
Ethnicity **Caucasian** **Asian**	 37 2	 94 6	
Diagnosis **Mood Disorder** **Anxiety Disorder**	 17 8	 43 20	
Comorbidity	30	77	
First admission to ARC	24	61	

Willingness to Change

“I can have advice from professionals, parents. I can have medication, but none of that will fix the problem, unless I put effort towards fixing the problem”

“I've tried to do this for a long time.. it's hard to take that final step to make that happen”

*“I don't know. I hope that one day I'll be able to kick myself up the a** and say, "Do it"*

Client #2