

Challenges in Treating Late Adolescents in a General Inpatient Psychiatric Unit

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Poster #22

Educational Objectives

At the conclusion of this session, the participant should be able to identify different multidisciplinary strategies (psychiatric, nursing, social work, creative arts and legal) that would allow late adolescents to participate and benefit from the treatment structure of a general inpatient psychiatric unit.

Summary

Adolescent inpatient units, at best, are limited or inadequate in most communities and at worse, absent, in other communities. Our inpatient psychiatric general unit at Thomas Jefferson University Hospitals in Philadelphia, PA is licensed to treat patients 15 years and older. It has been a referral center when the adolescent inpatient units across the city are full, and with a waiting list, and also in situations where the adolescents have co-morbid medical issues such as pregnancy or acute medical issues. We completed a review of our adolescent admissions from July 2008-December 2008. Our outcomes have been positive with the following parameters used: length of stay, medication changes, placement, seclusion and restraint episodes. Successful participation of adolescents in group activities with mostly adult participants was observed. Legal issues need to be carefully handled and they include minor's consent to mental health treatment, parental rights, seclusion and restraints, medication black-box warnings, safety issues in mixed-units and confidentiality. While it is not the ideal scenario, treating late adolescents in a general unit is a viable option when adolescent inpatient placement is not possible.

References

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2. Kaplan BJ, Kaplan VA, Concise Textbook of Clinical Psychiatry, Third Edition, Chapters 40, 45, 623-628, 650-658, Wolters Kluwer/ Lippincott Williams Wilkins, Philadelphia, PA
3. Rosado, L, et al. Consent to Treatment and Confidentiality Provisions Affecting Minors in Pennsylvania. Juvenile Law Center. Second Edition, January 2006.

Thomas Jefferson University Hospitals Inpatient Psychiatric Unit

- 16 Bed Inpatient Unit in Philadelphia, PA
- Licensed to treat patients 15 years old and older
- Predominant patient population is adult
- Adolescents represent only 5% of admissions
- Part of a medical center that includes a Maternal Fetal Medicine Service

July 08 – June 09

- 410 admissions, 20 were adolescents (aged 15-17 y.o.)
- Twelve were 17 y.o., six were 16 y.o., two were 15 y.o.
- Sixteen were female and four were male
- City-designated Child and Adolescent Crisis Response Center was the primary source of referrals
- 7 admissions were originally involuntary

Background

- Medical issues, lack of beds in child and adolescent facilities were reasons for referrals to our center
- Medical issues: pregnancy (14 of the 16 females were regnant), severe headache, hypercoagulable state, drug toxicity

Demographics (20 adolescents)

- 13 lived with a family member, 2 lived in foster care, 1 with a legal guardian and 4 lived in facilities
- 11 had Child Protective Services involvement
- 16 were in school
- 13 had previous psychiatric admissions

Outcomes

- Ave. LOS = 9.35 days
- 11 were discharged on meds, 6 initiated on our unit
- Seclusions and restraints
 - 7-08 to 1-09 = 2
 - 2-09 to 6-09 = 2
- Family meeting were held for 16, phone contact was done with family for the remaining 4

- 14 were discharged to outpatient services, 2 returned to residential facilities, 1 went to a juvenile detention center, 1 did not require any services, 1 went to the medical floor, 1 went to OB floor
- 12 returned to live with a family member, and 3 entered foster care

Discharge Diagnoses

- MDD - 3
- Personality D/O - 1
- Depression NOS - 2
- Adjustment D/O - 6
- Oppositional Defiant D/O - 6
- Conduct D/O - 4
- Impulse Control D/O - 1
- Substance Abuse - 4
- PTSD - 1

Clinical Questions

- How do depression, anxiety, psychosis present differently in adolescents compared to adults?
- Is there a type of adolescent psychiatric patient whom we should be cautious of accepting in a general unit?
- How to counsel an adolescent about pregnancy?
- When do we get consults from an Adolescent specialist?

Nursing Issues

- Safety
 - 1:1 to hourly checks
 - Room alarms
 - Locked unit
 - Choice of roommates
- Structure
 - Clear, direct communication
 - Set expectations
 - Visiting issues
 - Clothing
 - Personal items
- Behavior
 - Stay to themselves
 - Pairing
 - Lack of competition
 - Interacting with milieu
 - Seclusion and restraints
 - Reward system

Social Work Issues

- Mental health court
- Child protective services
- Social supports, family therapy
- Discharge planning resources
- Placement

Activity Therapy

- Predominantly adult unit
 - Presents less emotional turmoil
 - Increased maturity of adult patients
 - Decreased power struggles
 - Multi-generational interactions
- Issues that surface in group dynamics
 - Safety
 - Containment
 - Identity formation
 - Attachments

Modifying Group and Individual Activities

- Provide opportunities for individual choice
- Provide extra 1:1 brief sessions as indicated
- Music - acceptance of preferences, bridging generations through music
- Cooking groups simulate family togetherness
- Arts/Crafts - build self-esteem, projects serve as transitional objects after discharge from hospital

Legal

- Minor's consent
- Involuntary commitment
- Seclusion and restraints
- FDA black box warnings
- Mixed unit safety issues
- Confidentiality issues
- Child abuse reporting