

Comparing Needs and Strengths of Crisis and Elective Admissions to Children's Acute Care Inpatient Services

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Objectives

- To review the first 15 months of data from a new psychiatric inpatient service for children
- To gain a better understanding of similarities and differences between children admitted following a crisis/emergency situation versus a planned, elective admission
- To use this data to inform the system of the role of appropriate hospitalization within the system of care

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Background

- Children's Hospital of Eastern Ontario
- * Tertiary care, pediatric teaching hospital
- Serves children and youth in Eastern Ontario, Western Quebec, and Baffin Island
- Catchment area of approximately 600,000 children and youth (under age 18)

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Model of Service

- Target population: Children age 12 and under presenting with acute, severe and complex needs who cannot function in a less restrictive setting (i.e., outpatient setting)
- Service: Short-term crisis stabilization and assessment within a safe, supervised and structured environment
- Goal: To reduce, not eliminate, level of risk and symptoms and facilitate reintegration of the child to his/her family/caregiver and community environment for ongoing care
- Average Length of Stay: 14 days to minimize the time a child is separated from family and community 8 March 2005
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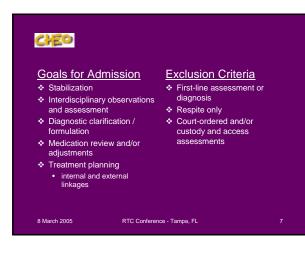


Philosophy of Care: Key Elements

- Respectful, child-focused, family-centered environment
- ❖ Parents/caregivers are seen as partners in care
- Individualized and strengths-based approach, aiming to identify and build on each child's strengths and talents
- Collaborative and inclusive with families and the broader community
- Outcomes management approach to meet standards of care and evidence-based practice

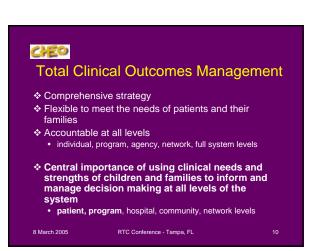
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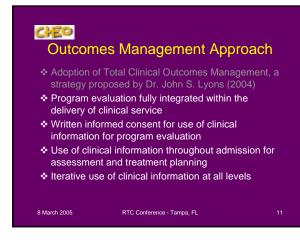
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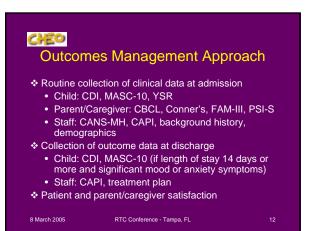














Patient Population

- ❖ 122 discharges between Sept. 2003 and Dec 2004
- ❖ 16 readmissions (13 patients total) (13% readmit rate)
- ❖ 98% consent rate for program evaluation research
- ❖ data on 104 patients available
- ❖ 24 (23%) admitted through Emergency Dept.
- ❖ 80 (77%) planned elective admissions

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Similarities

- There were no differences between Crisis and Elective patients for:
 - Gender distribution (male)
 - Living situation or guardianship (one or both parents)
 - Community
 - · School placement
 - History of inpatient or hospital-based outpatient mental health services.
 - · Current mental health resources
 - Discharge destination (living situation at admission)

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Similarities (cont'd)

- ❖ Both groups had moderate to severe difficulties with:
 - Oppositional behaviour
 - School, family, and peer functioning
 - · Consistency of problems across settings
 - Intensity of treatment required
- Mothers and fathers rated levels of internalizing, externalizing, and total problems in the clinical range
- Youth self reports for total problems were in the clinical range

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Similarities (cont'd)

- No differences on any functioning or caregiver items of the CANS-MH
- ❖ No differences on any strengths items of the CANS-MH
- Strengths identified for both groups:
 - Interpersonal skills
 - Relationship permanence
 - Optimism
- ❖ No differences on any items of the CAPI at discharge

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Key Differences

- ❖ Compared to Elective group, <u>Crisis group is</u>:
 - Older (10.5 vs 9.3 years)
 - More likely to be admitted with no clear diagnosis (33% vs. 11%) or with a <u>primary</u> diagnosis of depression (21% vs. 1%)
 Electives more likely to have behaviour disorder (58% vs. 13%) or pervasive developmental disorder (8% vs. 0%)
 - More suicidal at admission and in the past
 - Higher risk factor and symptom ratings at admission (CAPI)
 - Higher psychosis and depression ratings at admission (CANS-MH)
 - More likely to have had symptom-free periods over time
 - Less likely to have received previous community-based mental health services (79% vs. 98%)

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Key Differences

- ❖ Compared to Elective group, <u>Crisis group is</u>:
 - Rated by mothers as less externalizing on CBCL (mean T-score of 72 vs. 77)
 - Rated by mothers as less hyperactive-impulsive (mean # DSM-IV symptoms = 4.4 vs. 6.5)
 - Mothers report lower levels of total parenting stress (at 81st %ile vs. 94th %ile)

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