

Research concerning psychiatric hospitalization of children and adolescents does not tend to explore the experience from their point of view. It is important to get their perspective on their experiences, so we can gain a better understanding of the feelings and effects associated with their psychiatric hospitalization. There has been a lot of literature on this topic that has explored subjects ranging from admittance to the hospital all the way to rehospitalization (Perkes et al., 2019; Lukkari et al., 2019). While literature up to this point has explored a number of important topics associated with psychiatric hospitalization of children and adolescents, it is still important to ask the children and adolescents about their experiences. Hopefully by talking to the individuals who were hospitalized for psychiatric concerns as a child or adolescent, we can gain a more wholistic perspective.

Research Question

Can children and adolescents' experiences with psychiatric hospitalization and the effects it had on their mental health/illness provide a unique insight and new perspective into the experience as a whole?

Objective

The objective of this project is to better understand children and adolescents' experiences with psychiatric hospitalization. A secondary objective is learning from the participants about the effects of that hospitalization on their mental health/illness today.

Abstract

This experiment investigated children and adolescents' personal experiences with psychiatric hospitalization and the effects it had on their mental health/illness. Four participants over the age of 18 took part in a semi-structured interview that looked at their own personal experiences with being hospitalized as a child or adolescent. The interviews were transcribed, audios destroyed, then a thematic analysis was performed to get a better sense of the experiences that the individuals had during their psychiatric hospitalization. It was found that every individuals' experience was very individualistic, although some of the participants did share a few commonalities. The project focused on the impact the participants felt, resources that they obtained, advantages and disadvantages, and whether or not they recommend hospitalization.

Literature Review

Admittance to Hospitalization

Psychiatric hospitalization is one option used to treat and help individuals with mental disorders. For children and adolescents, it may be more effective to try to use other treatment options before deciding to hospitalize them for psychiatric needs. Separation from parents can be traumatizing for a child or adolescent, and by being hospitalized, they could develop other maladaptive behaviors that they observe from others and a dependence on the hospitalization experience as well (Perkes et al., 2019). Most children and adolescents who are admitted to psychiatric hospitals accept help and agree to being treated or their parents' consent to their child being treated (Cotgrove, 2014).

Common Factors for Hospitalization

Self-harm and suicidal behaviors are common high-risk factors of children and adolescents who are hospitalized (Perkes et al., 2019; Golubchik et al., 2013; Cotgrove, 2014). If it gets to the point where there is a fear of harm and it is too dangerous to safely care for the individual, that warrants hospitalization. It can also be beneficial to hospitalize children and adolescents when there needs to be clarification of diagnosis and if other medical interventions are needed (Perkes et al., 2019). Hospitalization allows for around the clock observation which can result in a more accurate diagnosis. The inability of the parents to understand their children's problems is another factor that often results in the child being hospitalized (Golubchik et al., 2013). In this scenario, the parents aren't able to appropriately support their child because of the lack of understanding that they have about the situation. A child or adolescent also may be hospitalized if they require intensive treatment that can't be received from other services and if they need an intensive assessment that can help with future treatment (Cotgrove, 2014). The consistent theme with all of these factors is that they often have the goal of keeping the child or adolescent safe.

Common Characteristics in Individuals Who Get Hospitalized

Many mood and psychotic disorders were often seen in children and adolescents who get hospitalized (Golubchik et al., 2013). Some specific disorders that are common in hospitalized children and adolescents are disruptive behavior disorders, bipolar disorder, schizophrenia, anxiety disorders, eating disorders, Tourette's, autism spectrum disorder, and drug use (Lalayants et al., 2018). Adolescents with these disorders were more likely to receive inpatient treatment in the form of psychiatric hospitalization. Older adolescents, female adolescents, and black adolescents were also more likely to be admitted to psychiatric hospitalization than other

adolescents. Similarly, it was more likely for psychiatric hospitalization if adolescents had a mix of a mental disorder and a substance use disorder.

Length of Stay

The length of stay for youth who are in psychiatric hospitals depends on a wide range of factors. A study decided to look at these factors in order to determine if they were associated with length of stay (Reynolds et al., 2018). One factor that was often associated with length of stay was the type of insurance an individual had, and it was found that those with Medicaid tended to have a shorter length of stay. Another factor was diagnostic related, and it found that youth with adjustment disorders were more likely to have a shorter length of stay compared to those with psychotic disorders, who often had longer length of stays. Illness severity also played a role, and those who had to be restrained for agitation often had a longer length of stay. Additionally, youth also usually had longer lengths of stay if the attending changed within a person's time in the hospital, and this was probably due to the fact that a new attending wouldn't know the patient as well and may decide on a completely new treatment plan. Interestingly, being admitted on a Tuesday was also related to longer lengths of stay and that is most likely due to the fact that patients are less likely to get discharged on the weekend (Reynolds et al., 2018). Furthermore, youth also tended to have a longer length of stay if they were being discharged to a residential treatment. All of these factors correspond with length of stay for youth in psychiatric hospitals.

Rehospitalization

In one study, the relationship between child inpatient care and future adolescent inpatient care was examined (Lukkari et al., 2019). It was more common that boys with previous inpatient care during childhood, came back for adolescent inpatient care, 57 out of 208, with only 32 out

of 300 girls having to have adolescence psychiatric hospitalization after childhood inpatient care. Aftercare is often essential to children and adolescents who are hospitalized for psychiatric concerns, however one study found that only 70% of youths received mental health services in the form of aftercare following psychiatric hospitalization (Trask et al., 2016). The more aftercare that a recently released youth received was associated with reduced risk of them being rehospitalized, specifically the more hours of aftercare or the more day treatment they received, was associated with lower risk. This study found that it is not just about whether or not any aftercare was received, it is about the type and amount of aftercare that impacts the risk of rehospitalization. In a study about psychiatric inpatient readmissions, 1233 children and adolescents were examined (Grudnikoff et al., 2019). Out of those children and adolescents, 101 youth that were hospitalized were then hospitalized again within 30 days from their first admission. 130 youth were readmitted within one year of their first hospitalization. Readmission within one year was more likely to occur with individuals who had higher rates of Medicaid eligibility, who received a diagnosis of depression, bipolar disorder, obesity, and who were discharged on antipsychotic medications. Readmission was more likely to occur within 30 days for individuals who had worsening symptoms, who showed significant symptoms and disruptive behaviors at home and school, and who had difficulty getting outpatient psychiatric services. Another study found that youths are at risk for rehospitalization for many years following their first admission, even being at risk through young adulthood (Arnold et al., 2003). The study also found that many of these adolescents are eventually rehospitalized on multiple occasions.

Perspective on Readmission into Psychiatric Hospitalization

In the same study, 45.6% of parents of these children readmitted within 30 days believed that their child wasn't ready for discharge the first time (Grudnikoff et al., 2019). The caregivers

of the children believed that readmission was due to the child/adolescent being discharged too soon the first time, the failure of aftercare to occur or help, and worsening symptoms. Whereas the clinicians believed that readmission was due to their illness and environment of care and family factors. It is unknown what the child's perspective was as that data was not taken. The child's perspective on their own readmission could have provided useful information on their hospitalization experience.

Correspondence Between Mental and Physical Illness

Another factor of mental illness is the correspondence that it has with physical illness. Children and adolescents who experience mental illness are also likely to experience physical illness that goes along with it. Youth themselves suffering from mental illness reported during psychiatric care that they had sleep difficulties and they did not engage in a lot of physical activity and healthy eating (Preyde et al., 2018). Specifically, they reported only being active once or twice a week and only eating fruits and vegetables two or three times a week. The researchers did not further probe the youth participants as to why they did not want to participate in these activities and that could have provided valuable insight from the youth's perspective.

There have been a multitude of studies about psychiatric hospitalization in terms of children and adolescents. However, there hasn't been many studies or studies at all that get the child's or adolescent's perspective on their experiences with psychiatric hospitalization as well as the future effects the hospitalization had on them.

Data Analysis

Operational Definitions:

Childhood: This term is for a person ranging from birth up to 12 years old.

Adolescence: This term refers to a person that is 12 to 17 years old.

Psychiatric Hospitalization: This term refers to inpatient services in a hospital that are required due to psychiatric concerns.

Readmission: This term refers to being hospitalized for psychiatric concerns more than once.

Thematic Analysis: A method of analyzing qualitative data. The data is closely examined in order to identify common themes, topics, ideas, and patterns.

Methods

Participants

For this study, I asked individuals who were 18 or older and were hospitalized for psychiatric concerns at least once while they were a child or adolescent to partake in a semi-structured interview. The first participants were recruited by personal connections and social media. These personal connections refer to acquaintances. Then snowball sampling was used to find further participants. We were looking for up to 20 participants to participate in this study. Demographic information was collected prior to the interviews to get a sense of the type of people who participated in the study. Four individuals participated in this research project. They all identified as women and their ages were 19, 21, 22, and 35. Their ethnicities were all white. Two of the individuals are currently in undergrad now, one individual has a bachelor's degree, and the other is currently in graduate school. The socioeconomic statuses of the participants are lower class, middle class, middle-high class, and upper-middle class. The participants were told that the goal of this study is to gain a better understanding of individuals experiences with psychiatric hospitalization while they were a child or adolescent, and to talk about the possible effects it had on them later in life.

Materials:

The semi-structured interview consisted of in-depth questions about the individual's experiences with psychiatric hospitalization and the effects that they felt later in life because of it (Appendix A). The interviews were comprised of some structured questions about their experiences and the later effects it had on them, but the interviews were also open to exploring different topics depending on the participants responses and comfort level.

Procedure:

After they sign informed consent, the participants took part in the semi-structured interview. The interviews lasted approximately one hour. While the interviews were being conducted, they were audio recorded. In that instance that they didn't want to be audio recorded, the researcher would have taken personal notes. After being audio recorded, it was later transcribed with a code only familiar to me, the researcher. The audio was then destroyed after the transcription. After they were transcribed, a thematic analysis was performed to get a better sense of the experiences that the individuals had during psychiatric hospitalization while they were a child or adolescent and the future effects that it had on them. The study was reviewed and approved by the Institutional Review Board of Fontbonne University.

Results*General Information*

Participant 1 will be referred to as Emily.

Participant 2 will be referred to as Isabella.

Participant 3 will be referred to as Allison.

Participant 4 will be referred to as Kaylee.

Diagnoses

Emily:

Emily was hospitalized for the first time when she was 13 years old. She was hospitalized at least 7 times after that through the age of 17. Her diagnoses are depression and anxiety.

Isabella:

Isabella was also hospitalized for the first time at the age of 13. She was hospitalized 5 times, with the last one being at the age of 16 or 17. Participant two was initially diagnosed with depression, but later received the right diagnoses of bipolar disorder. She also has been diagnosed with PTSD and general anxiety disorder.

Allison:

Allison differs from the other participants in the case that she was in PHP (partial hospitalization program) compared to inpatient psychiatric hospitalization. PHP is a program that lasts throughout the day, but you do not stay the night as if you were in inpatient. She was 15 when she attended this hospitalization program. Allison included these as her diagnoses: generalized anxiety disorder, social anxiety disorder, OCD, bipolar, ADHD, hair pulling, and skin picking.

Kaylee:

Kaylee was hospitalized three times throughout her adolescent, the first being when she was 13, and the last being when she was 16. In her adolescence, she was diagnosed with bipolar 1 and ADHD. Overtime, they realized that ADHD was not the right diagnoses. She was also diagnosed with autism spectrum disorder, general anxiety disorder, and PTSD.

Impact

All four of the individuals who participated in this study, experienced some similar impacts of their hospitalization as well as individualistic differences.

Positive:

Emily found her hospitalizations as a combination of helpful and not helpful. She found the hospitalization to be helpful for learning coping skills and she especially found it helpful in keeping her safe, specifically from killing herself. After getting out the hospital, she felt that her depression in the short-term got better because her suicidal thoughts started with being very intense, but they dwindled over time and got less severe. Isabella also felt that the coping skills she learned were helpful. Kaylee said she found the resources that were given afterwards, like a connection to a psychiatrist, to be helpful.

Negative:

While Emily couldn't kill herself, which she found to be helpful, she could still cut herself, and she found the reactions of the staff as not helpful in those incidents. She mentioned how in these incidents, the staff would freak out and put her on a 24-hour watch which she felt was completely invasive. Additionally, she found the impacts on her illnesses while in the hospital to be negative. She said that her anxiety got worse due to being concerned about what others thought about her and her being hospitalized. She also said her depression got worse because of the shame she felt associated with being hospitalized. Isabella had a unique situation in which she described her home life as a "bad place". Due to this, while she felt better after her hospitalization for a few days, soon after returning to her home situation, she would start to decline and get worse again. Allison found her anxiety to be worse after the hospitalization. She felt that within her hospitalization, none of the big issues she had were worked on. Kaylee said she didn't find the hospital to be necessarily helpful, but she found the resources that were given afterwards, like a connection to a psychiatrist, to be helpful.

Resources

Emily:

Emily gained resources in the form of outpatient and coping skills. She said that in terms of a follow up plan, she would be told to just keep seeing her therapist and psychiatrist, while also being referred to an outpatient program. She mentioned that she still uses some of the coping skills she learned during her hospitalization. The hospital also referred her to an outpatient program where she met her current therapist. She did bring up the point that after a while, “quite a few hospitalizations”, they stopped referring her to outpatient and she would just be told to keep seeing her psychiatrist and therapist.

Isabella:

Isabella talked about how one time they set her up with group therapy, which she found to be very helpful. One time, while she was in the hospital, she learned about cognitive behavioral therapy, which she found helpful and she was able to start changing the way she was thinking. She also got put into EMDR therapy which helped her a lot, to the point where she no longer has to do it. While she was connected to some resources, she felt overall, that they didn’t do enough in terms of a follow up plan and they needed to put more effort into it.

Allison:

Allison had an experience where she was discharged with one day’s notice because she wasn’t making enough progress. They didn’t provide her with any resources, and she felt like all of a sudden, she was just dropped off and let go.

Kaylee:

Kaylee, as mentioned briefly before, said she found the resources she was given to be helpful. They connected her to a psychiatrist, psychologist, and got her started on medication for the first

time which she found very helpful. However, she also mentioned that besides just making sure you see a doctor, there was not a lot of referring her to anything beyond that.

Advantages and Disadvantages

Advantages:

Emily found the biggest advantage of hospitalization to be that you cannot kill yourself there. She specifically said that “everything is made so there is no way to kill yourself, that is probably the biggest pro, that you are safe”. Isabella found the biggest advantage to be the same as Emily, which is you cannot kill yourself no matter how hard you try. She mentioned personally for her, it was, “I’m in a safe place, I can’t hurt myself”. Allison said that the biggest advantage was that she was able reshape and reframe the negative effects that she felt. She developed a drive to work harder and get better because of this experience. She simply said that “a positive is that it was so bad that I worked to reframe it”. Kaylee found the biggest advantage to be that she was able to get out of the abusive situation that she had with her family for a little while. She mentioned that “it kind of gave me a rest from that, and I think that it helped me to a certain extent”.

Disadvantages:

Emily mentioned the biggest disadvantage as being you start to keep things hidden. She said that you become afraid of getting help because you associate getting help with going to the hospital. You become more reluctant to tell people what is going on because of this association. She specifically mentioned that she began to “keep her pain inside”. Isabella brought up the strict structure and need for compliance as a disadvantage. She specifically said that “it gave me constant anxiety because I didn’t want to get in trouble”. She mentioned a specific experience of taking a shower for 20 minutes instead of the usual 5. She got in trouble and they took a point

off which caused her to have a panic attack. Allison said the biggest disadvantage would be the lasting negative effects that she felt from her hospitalization. Kaylee mentioned the biggest disadvantage as being her hospitalization started her down a path of being misdiagnosed for a decade. Because of all the misdiagnoses, she wasn't treated effectively, and she felt her hospitalizations really set this path in motion. She specifically said that "they focused a lot on the immediate factors without really delving into what was going on in my life".

Recommend

Emily:

Emily said in the case that you are feeling suicidal with the intent to kill yourself; she would recommend hospitalization. Since you can't kill yourself while you are there, it is the best decision to be hospitalized because of the safety aspect. However, just in the case of feeling suicidal with no intent, she said she would not recommend hospitalization. She feels like it does more damage than good because you are in such a locked down environment that you can't do the things that help you feel better. For example, you can't do a lot of the coping skills that you have learned and practiced while in the hospital because it is such a restrictive environment. You also can't see your therapist and psychiatrist while you are in the hospital. She said specifically with children, in most cases she would not recommend hospitalization. She said that if the child is completely out of control, it might be necessary. She mentioned how it could be a parenting issue though and not actually fall on the child themselves.

Isabella:

Isabella said that she would recommend hospitalization for kids who are actively suicidal because it is an environment that keeps you safe. She mentions that it is dependent on the situation though because if you have a child who is very aggressive, with homicidal behavior,

psychiatric hospitalization might not be the best environment for them because they may need more help. Isabella, at the very end, came to the realization that she would recommend hospitalization in general as an adolescent because when you become an adult, it may become harder to access these kinds of resources.

Allison:

Allison said bluntly that if the program is the same as it used to be, she would not recommend it. However, she does say that everyone's experiences are different, and it could work wonders for other people. In her instance, it just didn't, which is why she wouldn't recommend it.

Kaylee:

Kaylee thinks that every situation is very individualistic, therefore she would recommend it in some cases, and not in others. She also mentions that it is dependent on the hospital on whether or not she would recommend it. Based on her hospitalization, she can't tell you if it was overall a positive or negative experience after adding all of the different aspects together.

Discussion

The objective of this project was to gain a better understanding of children and adolescents' experiences with psychiatric hospitalization and the effects it had on their mental health/illness today. This project achieved that objective and gained valuable insight into four individuals' specific experiences with psychiatric hospitalization. By doing that, we learned new things about hospitalization that we previously didn't know because we didn't have any information about people's personal experiences with being hospitalized as a child or adolescent.

The results obtained from this research project show that adolescents experiences with psychiatric hospitalization are individualized, while also sharing some common characteristics.

All four of the participants had differing diagnoses and time frames related to their hospitalization. This is one aspect that could be attributed to why these individuals had a lot of unique experiences and thoughts concerning their hospitalization. They are all different individuals with different circumstances who were going through different things. Because of this, their hospitalizations most likely affected them differently. This goes to show that everyone's experiences are different, but no less meaningful or important than others. Previous research done on hospitalization of adolescents and children don't get their point of view which is why it is lacking so much. An individual's personal experiences provides so much valuable insight into the situation as a whole.

A lot of what was found points to their being both negative and positive aspects to hospitalization. Many of the participants felt a mixture of both of these when examining the impacts of the hospitalization on themselves. They mentioned feeling some effects that were positive, but also feeling effects that were negative. This shows us two things. First, it points to their being some good things about hospitalization that are going right. Some of these individuals are experiencing things that did help them, which you can see from not only the impacts, but also some of the advantages that were mentioned. However, it also points to their being some not so good things about hospitalization as well. You see this from both the negative impacts as well as the disadvantages listed. This shows us that while there are some beneficial aspects of hospitalizations, there is still room for improvement. We can work on expanding those positive experiences related to hospitalization while also working on diminishing the more negative aspects of hospitalization. Again, by getting the point of view from someone who actually experienced, we are getting valuable insight on how we can improve the experience as a whole.

One thing that previous research has looked at is aftercare/resources in terms of hospitalization of adolescents and children. It has been found that resources play an important role in hospitalization. Previous research specifically found that aftercare is related to rehospitalization. One research project found that caregivers actually attributed readmission with the failure of aftercare to occur or help (Grudnikoff et al., 2019). One thing this research failed to do was get the actual insight on aftercare/resources from the individuals who were experiencing it. One big benefit of this research project is that we got to hear from these four participants their experience with resources and how helpful or not helpful it was for them. Three out of four of the participants gained some sort of resource that they felt was helpful. However, one of the participants received no resources whatsoever after their personal experience with PHP. If you dive a little deeper into these three individuals' experiences, you will find that despite them having some positive views on the resources that they received, all three of them were hospitalized more than once. That shows that even though these individuals received some sort of aftercare that they found to be helpful, they still experienced rehospitalization despite that which goes against what has been found in the previous literature. All four individuals received such different forms of resources as well, which goes to point towards the very individualistic experience that every participant had with their own personal hospitalizations.

Every participant's individual experiences made them have different thoughts on recommendation in terms of hospitalization. Three of the participants said that in some scenarios they would recommend it and in others they would not. Similarly, one participant came to the conclusion that while the hospitalization wasn't beneficial for her and she wouldn't recommend it based on her own experience, it could be beneficial for someone else. Again, everyone's

experiences with hospitalization are so individualistic, that in some scenarios it may be more helpful than others. It may depend on a large number of factors like how old they are and what they are struggling with. I think this goes to show that when you are considering hospitalization of a child or adolescent, it may be beneficial to think of all the contributing factors before making a decision on whether to hospitalize or not.

The biggest limitation of this project is that there were only four participants. If there were more participants, we would have gained even more valuable insight into the experience of being hospitalized as a child or adolescent. We also may have seen more commonalities if we had more participants. While the experience of hospitalization would still be very individualistic if we had more participants, we still may have found more common themes if we could have heard about more personal experiences. By finding more commonalities, we could work to improve on these things that are affecting many people's experiences. A limitation that goes along with this is that all four individuals were white and women. It would be really helpful to gain more diverse perspectives because that can allow us to understand hospitalizations for children and adolescents on a deeper level. Another limitation is there wasn't enough time to dive deep into everything that was found. I could only select a few important things to talk about, but there was still so much more that could be talked about. This project asked such a wide range of questions that I received such a wide range of information. It would be beneficial to have more time to talk about everything. It might also be beneficial to constrict what you are looking for to a select few things and really focus on that.

There is so much more research that needs to be done on this topic. I think specifically, we need to focus our research on gaining more information from the individual's perspective that actually experienced it. By doing this, we can gain so much insight that can help us improve the

different aspects related to hospitalization of children and adolescents. I think one specific topic related to hospitalization that could be focused on is resources. By gaining more information about resources in terms of hospitalization of children and adolescents, we can improve the resources that are being given out to be more beneficial. I think research could also be done on gaining other people's perspectives who are involved with the hospitalization of children and adolescents. For example, the parent or guardian's perspective or even the staff's perspective. By doing this, we can gain a more wholistic view, a bigger and better picture of what hospitalization of children and adolescents is really like.

Interview Questions (Appendix A)

- What are your diagnoses?
- How did you feel while in the hospital?
- How did you feel after being hospitalized? When you left the hospital did you feel like you felt better, worse, or the same?
- How do you feel now about the hospital? Compare your perspective then vs. now?
- What was the mood in the hospital like? How did the environment feel?
- Did being hospitalized affect your relationship with others (parents, friends, teachers, etc.)?
- How was the choice for you to be hospitalized made? How did being put in the hospital by X method affect you?
- What was the impact of the hospitalization (help, not help, both)?
- Was there an impact on your illness because of the hospitalization?
- Are there any experiences from your hospitalization that you feel comfortable sharing?

- Are there any experiences that you had that stand out in your memory?
- What activities or therapy did you find to be the most helpful? The least helpful?
- What was a normal day like in the hospital?
- Did you learn anything from being there? If so, what lessons did you learn?
- Did you gain any resources that you were able to use outside of the hospital?
- Did you learn any coping mechanisms that helped you outside of the hospital?
- What did the follow-up plan look like (if there was one)? Did you attend aftercare services? If so, how helpful were these services?
- How was the transition from being hospitalized to going back to your everyday life? How was the transition back to friends and family after being hospitalized? How was the transition structure wise (going from a lot of structure in the hospital to less structure in everyday life)?
- How were the techs?
- How were the nurses?
- How were the therapists?
- How were the psychiatrists?
- Were there any short-term effects of your hospitalization?
- Were there any long-term effects of your hospitalization?
- Would you recommend hospitalization in general? Would you recommend it for children and adolescents?

Socioeconomic Status: refers to an individual's or group's social standing or class. There are a lot of factors that go into determining your socioeconomic status such as state, city, income, and

number of people in household. Please choose either high, middle, or low class depending on what you think your socioeconomic status is.

High class: refers to those who hold a great deal of wealth

Middle class: refers to individuals who fall between the working class and the upper class

Low class: refers to those who have little income or wealth

If you need help determining your socioeconomic statuses, this website can help you:

<https://www.pewresearch.org/fact-tank/2020/07/23/are-you-in-the-american-middle-class/>

Examples of each (Missouri, St. Louis, 4 people in household)

High class: 153,000 and up

Middle class: 51,000 to 152, 000

Low class: 50,000 and below

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