Relationship Between Social Supports and Inpatient Mental Health Treatment of Adolescents

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BACKGROUND

- Each year, an increasing number of youth in the United States are admitted for inpatient mental health treatment of acute psychiatric, emotional and behavioral problems (Blader, 2011).
- Depression is the most common reason for inpatient mental health treatment among adolescents ages 12 to 17 (SAMHSA, 2012).
- Research has shown no clear relationship between sex/gender of youth and inpatient treatment—though adolescent females are more likely than adolescent males to obtain outpatient mental health treatment (Bickman et al., 1995; Bobier & Warwick, 2005; Kaltiala-Heino, 2010; Lapointe et al., 2010; Lyons et al., 1997; Pottick et al., 1995; SAMHSA, 2009).
- Age, sex/gender, and psychiatric diagnosis appear to have no statistically significant relationship to repeated inpatient stays among children and adolescents, while the presence of a learning disability/developmental delay, younger age of first hospital stay, medication non-compliance, childhood sexual abuse, and surrogate/foster care placement are strongly associated with repeated inpatient stays (Bickman et al., 1995; Bobier & Warwick, 2005; Brown et al., 2011; Gutterman, 1998; Lapointe et al., 2010; Romansky et al., 2003).
- Among inner-city youth identified as repeated users of inpatient treatment, Black/African American youth were hospitalized at significantly higher rates than Hispanic/Latino youth (Lapointe et al., 2010).
- Much of the research conducted thus far has relied upon "third-person" sources (e.g., treatment records; parent/guardian reports) rather than "first-person" reports by youth themselves.
- The potential power of social support as a risk/protective factor has rarely been examined in studies of adolescent inpatient treatment.

PURPOSE

- Contribute to the growing body of research into the factors associated with inpatient mental health treatment among adolescents.
- Assist social workers, teachers, and other professionals with identifying potential warnings signs or risk factors indicating that an adolescent in emotional crisis may require inpatient stabilization.

RESEARCH QUESTIONS

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- Is there a significant relationship between age, race/ethnicity, indicators of social support, and use of inpatient mental health treatment among adolescents ages 12 to 17?

- Is there a significant relationship between age, race/ethnicity, indicators of social support, and number of nights spent annually in inpatient mental health treatment among adolescents ages 12 to 17?

METHODOLOGY

RESEARCH DESIGN
- Analysis of a publicly available, de-identified secondary data set – the 2010 National Survey on Drug Use and Health (NSDUH), a nationally representative cross-sectional household survey conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA)

POPULATION
- Non-institutionalized adolescents ages 12-17 residing in the United States ($N = 18,614$)

MEASUREMENTS
- Questionnaire covering topics of Demographics, Youth Experiences, and Youth Mental Health Treatment

VARIABLES
- *Dependent Variables*
  - **Stayed overnight or longer in a hospital for emotional problems not caused by alcohol or drugs within the past year** (Yes; No)
  - **Number of nights spent in a hospital for treatment of emotional problems not caused by alcohol or drugs within the past year** (0 nights; 1 night; 2 nights; 3-6 nights; 7-24 nights; 25+nights)
- *Independent Variables*
  - **Age** (12; 13; 14; 15; 16; 17)
  - **Race/Ethnicity** (White; Black/African American; Native American/Alaskan Native; Native Hawaiian/Other Pacific Islander; Asian; More than one race; Hispanic)
  - **Total Social Support**
    - Computed variable comprised of:
      - Number of times youth moved in the past 5 years (0-1x; More than 1x)
      - Parents told youth they had done a good job in the past year (Seldom/Never; Always/Sometimes)
      - Parents told youth they were proud of things they had done (Seldom/Never; Always/Sometimes)
      - Number of times youth argued/had fight with parent in past year (9 or fewer; 10 or more)
      - Number of times youth had serious fight at school/work in past year (0; 1 or more)
      - Have someone to talk with about serious problems (No one; Someone)
      - Participated in youth activities (0-1 activity; 2+ activities)

ANALYSIS
- Logistic Regression (DV=Received inpatient mental health treatment in past year)
- Standard Multiple Regression (DV=Number of nights spent in inpatient treatment in past year)

RESULTS

LOGISTIC REGRESSION
- χ^2 (24, $N = 17,492$) = 203.89, $p < .001$ – model was able to distinguish between respondents who reported receiving overnight inpatient psychiatric care from those who did not.
- The strongest predictor of receiving inpatient mental health treatment was race—specifically identifying as Non-Hispanic Black/African American, recording an odds ratio of 2.57.

STANDARD MULTIPLE REGRESSION
- Model was statistically significant—$F(3, 17468) = 54.35, p = .000$— but explained only 0.9% of the variance in number of nights spent in the hospital.
- The standardized betas for total social support (*Beta*= 0.10), race/ethnicity (*Beta*= 0.01) and age (*Beta*= 0.01) show that total social support accounts for significantly more variance in frequency of hospitalization than race/ethnicity or age.

Logistic Regression Predicting Likelihood of Inpatient Treatment

Standard Multiple Regression Predicting Number of Nights of Inpatient Treatment

LIMITATIONS

- Reliance upon secondary data
- Variables examined within the models did not include variables (e.g., diagnosis, high-risk behaviors, prior inpatient treatment) found to be closely related to inpatient treatment

DISCUSSION

- Recognizing indicators of serious emotional distress can aide social workers in assessing youth for potential inpatient stabilization.
- The influence of negative social functioning upon rates of inpatient treatment among adolescents will require further investigation.
- Social workers should be mindful of the disparities in inpatient mental health treatment among disadvantaged racial/ethnic groups and the structural inequalities that may exacerbate potentially life-threatening mental health symptoms among these groups.