

Characteristics of Adolescents in a Inpatient Psychiatric Unit

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1. Introduction

Dramatic changes in the health care system in the United States have led to a shorter length of stay and stricter criteria for admission. In order to provide the most appropriate treatment, knowing the characteristics of the adolescent population being served is critical [1,2]. The purpose of this study was to identify the mean age, mean length of stay, and the most frequently seen diagnoses for the adolescent population being served by Via Christi Regional Medical Center/Good Shepherd Campus' Adolescent Psychiatric Inpatient Unit.

2. Design, Methods, Results, Discussion and Significance

This was a non experimental retrospective descriptive study. Descriptive statistics were used to describe and synthesize the data. Data was collected from Via Christi Regional Medical Center/Good Shepherd Campus Adolescent Unit for adolescents ages 12 to 18 admitted to the unit from March 1, 2004 to June 30, 2004. Data included the unit admitted to, dates of admission and discharge, length of stay, age, gender, and diagnoses. Data was collected on a total of 172 patients (Group 1; Males N=66) (Group 2; Females N=108). Length of stay (LOS) was measured as the number of days from admission date to discharge date with lengths of stay less than 1 day recoded to equal 1 day. Primary psychiatric diagnoses were collapsed into six categories reflecting DSM IV categories: 1) Major Depressive Disorders; 2) BiPolar Disorders (both I and II); 3) Disruptive Behavior Disorders (Attention-Deficit Hyperactivity Disorders, Oppositional Defiant Disorder, and Conduct Disorder); 4) Schizophrenia and other Psychotic Disorders; 5) Adjustment Disorders; 6) Other Disorders. Statistical analysis of the data was completed using the Statistical Program for the Social Sciences (SPSS) software. The mean and range were computed for age and length of stay. Frequency data was run for admissions by gender. T-tests for independent samples were computed to see if 1) there was a significant difference in mean LOS between males and females and 2) if there was a significant difference in mean age between males and females. A Chi-Square was run to determine if there was a significant difference in diagnosis between males and females.

There were 172 subjects in this study. Most (n = 108, 63%) of these were female.

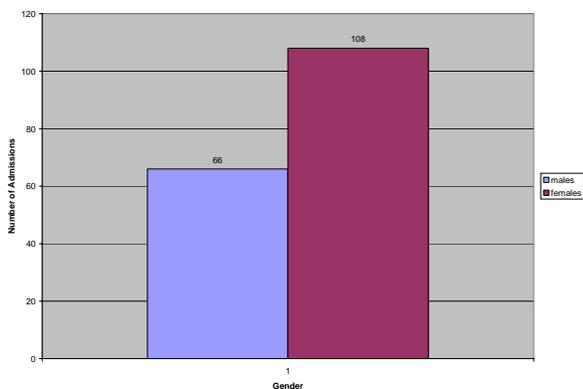


Figure 1. A comparison of the frequency of admissions for males and females.

Subjects in the sample ranged in age from 12 to 18 with a mean age of 15.49. There was no significant difference in mean age between males and females. The mean length of stay was 4.86 days. There was no significant difference in mean length of stay found between males and females. These were tested by using a t-test for independent groups for both statistics. Table 1 indicates the findings of these t-tests.

Table 1. Comparison of Mean Length of Stay and Mean Age Between Males and Females.

	Male (n=66)	Females (n=108)	Significance
Length of Stay	4.94	4.78	.454
Age	15.59	15.39	.151

p Value <0.05

Table 2 lists categories of diagnoses and the number of males and females in each category.

Table 2. Differences in Diagnoses Between Males and Females

Type of Disorder	Males (n=66)	Females (n=108)
Major Depression	25	61*
Bipolar	9	11
Disruptive Behavior	22	11*
Schizophrenia and Psychosis	6	5
Adjustment Disorders	0	13*
Other	4	7

*p Value <0.05.

As shown in Table 2 the three most frequent diagnoses were Major Depressive Disorders, BiPolar Disorders, and Disruptive Behavior Disorders. There was a significant difference between males and females with Major Depressive Disorder, Disruptive Behavior Disorders, and Adjustment Disorders. Females had a higher incidence of Major Depression and Adjustment Disorder than males and males had a higher incidence of Disruptive Behavior Disorders than females. BiPolar Disorders, Schizophrenia and other Psychotic Disorders, and the category of Other Disorders showed no significant difference between males and females.

3. Conclusions

The data from this study is important to nurses and advanced practice nurses who care for adolescents in inpatient settings. Nurses can add this data to their knowledge base of age appropriate care to improve patient care and outcomes. Psychiatric/Mental Health Nurse Practitioners can utilize this data in inpatient settings to plan evidence-based treatment interventions appropriate for the population being served and to improve patient outcomes [3].

4. Acknowledgements

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5. References

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