

STRONG CHILDREN'S RESEARCH CENTER

Summer Research Scholar

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ABSTRACT

Title: *Expansion of the Rapid Stabilization Pathway: Re-examining Length of Stay and Readmissions Among Psychiatrically Hospitalized Adolescents*

Background: Suicide is the second leading cause of death for children ages 10-14 and the third leading cause of death for adolescents ages 15-24 (CDC, 2020). The increasing demand for psychiatric emergency services and the number of inpatient beds that stay static or decrease pose a danger to patients waiting for inpatient care (National Association of State Mental Health Program Directors, 2017). However, the task of increasing inpatient beds is difficult due to high costs, restricted physical space, and shortage of staffing (Mundt, 2021). The rapid stabilization pathway for crisis care offers a more feasible solution that decreases the length of inpatient stays, allowing more patients to access existing beds (Sams, 2023).

The rapid stabilization pathway is rooted in the principles of Acceptance & Commitment Therapy and Narrative Therapy. It is designed to be completed within a 3-4 day admission with intensive family and individual therapy. This intervention can decrease the length of stay without increasing the readmission rate in adolescent psychiatric inpatients (Sams, 2023). Since the pilot, more mental health therapists have been trained and resources to carry out the protocol since the pilot offers promising results in the current analysis. The comparison of the pilot study to the existing data will allow for a better understanding of the intervention's efficacy.

Objective: This study re-examines the differences in inpatient readmissions and length of stay from the pilot to current data to evaluate the efficacy of the Rapid Stabilization Pathway.

Results: The demographics of both the pilot and current study groups are similar. The mean age of the pilot group was 14.4, while the current group was 14.5. The pilot group's gender is majority female (73.3%), which is similar to the current group's (70%). The most prevalent race in both groups is white (76.7%, 76.2%). The comparison of the readmissions data at 1 month and 3 months post-discharge from the pilot to the current study showed no significant differences. There is also no significant difference between the length of stay from the pilot study to the current study ($p = 0.285$).

Conclusion: The Rapid Stabilization Pathway is an acute, intensive intervention that effectively decreases the length of stay for psychiatric inpatient adolescents without an associated increase in readmissions. This is more attainable to implement rather than increasing the financial and physical burden on the current infrastructure, offering potential cost savings for patients and the hospital with shorter stays. Its expansion to more patients beyond the pilot study shows promising results for its efficacy. The intervention can be expanded to other psychiatric hospitals to safely treat and discharge more patients and increase access to psychiatric beds.

References

- Centers for Disease Control and Prevention. (2023, April 17). *WISQARS (web-based injury statistics query and reporting system)/injury center/cdc*. Centers for Disease Control and Prevention. <https://www.cdc.gov/injury/wisqars/index.html>
- Mundt, A. P., Delhey Langerfeldt, S., Rozas Serri, E., Siebenförcher, M., & Priebe, S. (2021). Expert Arguments for Trends of Psychiatric Bed Numbers: A Systematic Review of Qualitative Data. *Frontiers in psychiatry, 12*, 745247. <https://doi.org/10.3389/fpsy.2021.745247>
- National Association of State Mental Health Program Directors. (2017, August). Trend in psychiatric inpatient capacity, United States and Each State, 1970–2014. Available from: www.nasmhpd.org/sites/default/files/TACPaper.2.Psychiatric-Inpatient-Capacity_508C.pdf.
- Sams, D.P., Garrison, D., Walsh, P., Maeng, D. and Cross, W. (2023), The rapid stabilization pathway: impact of a brief inpatient intervention on the length of stay and readmissions among psychiatrically hospitalized adolescents. *Child Adolesc Ment Health*. <https://doi.org/10.1111/camh.12636>