

STRONG CHILDREN'S RESEARCH CENTER

Summer Research Scholar

Name: %HUQDGLQH 'HFDSL D

School: 8QLYHUVLW\ RI 7H[DV DW \$XVWLQ

Mentor: 'HDQQD 6DPV 3K ' /HDK :DUG 3K '

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:

similar to the current group's (70%). The most prevalent race
(.2%). The comparison of the readmissions data at 1 month and
pilot to the current study showed no significant differences.
ence between the length of stay from the pilot study to the

tion Pathway is an acute, intensive intervention that
stay for psychiatric inpatient adolescents without an
ns. This is more attainable to implement rather than increasing
on the current infrastructure, offering potential cost savings
shorter stays. Its expansion to more patients beyond the pilot
its efficacy. The intervention can be expanded to other
t and discharge more patients and increase access to

References