

Interventions to Lower Readmission Rates in Adolescents Hospitalized for Suicidal Thoughts  
and Behaviors: A Systematic Literature Review

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## **INTERVENTIONS TO LOWER READMISSION RATES IN ADOLESCENTS HOSPITALIZED FOR SUICIDAL THOUGHTS AND BEHAVIORS: A SYSTEMATIC LITERATURE REVIEW**

Rates of psychiatric hospitalization in adolescents due to suicide-related crises and deaths have become increasingly more common since 2020. In 2021, it was reported that one-third of adolescents who receive inpatient treatment have struggled with a lifetime history of suicide attempts. Furthermore, approximately 65% of these adolescents will attempt suicide at least once in their lifetime (Alqueza et al., 2023). The U.S. Surgeon General's Advisory has stressed the urgency of addressing mental health challenges in youth calling on schools and hospitals to tackle the challenge of suicide prevention and intervention (Marraccini et al., 2024). Although communication, collaboration, and coordination between schools, family, and medical care providers is stressed to ensure adolescents are able to reintegrate back into schools, readmission rates for adolescents still remain high. The period following hospital discharge is considered by medical professionals a high-risk time frame for adolescents who experienced suicidal ideation (Marraccini et al., 2024). This paper will explore how child life specialists can work with families, schools, and other medical personnel to ensure adolescents can successfully reenter society after receiving psychiatric inpatient treatment, reducing readmission rates during the high-risk period that occurs immediately following discharge.

For adolescents between the ages 12-19 who have been hospitalized for suicidal thoughts and behaviors (STBs) returning back to school is an oftentimes an overwhelming challenge placing them at a high risk for relapse. Adolescents are expected to resume managing their academic and social obligations while working through the challenging recovery process. Often, their families and schools are not equipped to deal with the challenging aspect of having

someone hospitalized for a mental health crisis and can not provide them an adequate support system at home and in school (Bridge for Resilient Youth in Transition Brookline Community Mental Health Center, 2014).

The child life scope of practice is to provide developmental and psychosocial support to reduce the amount of trauma patients experience during and after their time in medical care facilities, providing them with the tools to successfully re-enter society. This paper is a literature review on high readmission rates in adolescents from ages 12-19 who have received inpatient psychiatric care for suicidal thoughts and behaviors (STBs), which can manifest as suicidal ideation, suicide plans, suicide attempts, and non-suicidal self injury (Nesi et al., 2021). It will explore why relapse during the recovery period shortly after discharge is so common- while presenting the developmental and psychosocial impact of suicidal thoughts and behaviors, outlining interventions to lower high readmission rates of adolescents who have received inpatient care.

As of 2024, there has been no research published about what child life specialists can do to lower readmission rates for adolescents hospitalized for STBs. However, expanding into these nontraditional settings is the perfect opportunity for child life specialists to advocate for a more centralized school re-entry program across the United States to ensure psychosocial needs are met once discharged to eliminate the risk of rehospitalization. Furthermore, their extensive knowledge on development and coping strategies can also be used to reduce the amount of trauma adolescents experience in a psychiatric facility to ensure patient success in and out of the hospital, working to lower readmission rates.

### **Defining the Problem**

According to the CDC, rates of hospitalization for suicide related crises and deaths caused by suicide have been on a steady incline in recent years. (Marraccini et al., 2024; Center for Disease Control and Prevention, National Center for Health Statistics, 2021). Unfortunately, little time has been devoted to researching high readmission rates for adolescents in the United States experiencing suicidal thoughts and behaviors.

Moreover, nominal research has been conducted to figure out an effective way to ensure collaboration with school professionals, families, and the patient's medical team in order to reduce risks associated with readmission. It is estimated that between 8% and 13% of psychiatrically hospitalized youth will be readmitted within thirty days of discharge (Madden et al., 2020). Readmissions can be disruptive, stigmatizing, and demoralizing. While also interfering with academic performance- causing emotional and psychological distress for the adolescent (Madden et al., 2020). Readmission can also indicate the quality of care patients received during and after discharge was inadequate due to many factors such as lack of communication with schools, lack of resources in community such as support groups, and little to no support for families who have gone through the experience of a loved one being hospitalized for STBs; and unfortunately, little time has been devoted to researching high readmission rates for adolescents in the United States experiencing suicidal thoughts and behaviors.

Erik Erikson's eight stages of psychosocial development uses the word "stage" to refer to the eight different periods of life humans experience. According to Erikson, adolescence occurs between the ages of 12 and 19 (Knight, 2017). Erikson's theory suggests the main role of adolescence is to, "solve the crisis of identity versus role confusion" (Rageliene, 2016, p. 97).

During this stage of development, adolescents find their own unique identity within a social environment where they feel a sense of belonging by creating meaningful relationships (Rageliene, 2016). Studies show that high-quality and satisfying relationships that assist in building one's identity during adolescence, are associated with better mental health and overall well-being- contributing to a stable personal identity (Rageliene, 2016).

### **Developmental and Psychosocial Impact**

Research has found the presence of suicidal ideation among adolescents ranges from 10-40%, and among adolescents aged 13-17 years old there is a lifetime incidence rate of 22.2% (Liu et al., 2024). Adolescence can be a particularly challenging time of life, as a result of, “tremendous physical and psychosocial changes as well as additional specific social and development pressures” (Goldblatt & Schechter, 2022, p. 308) Studies show that high-quality and satisfying relationships that assist in building one's identity during adolescence, are associated with better mental health and overall well-being-contributing to a stable personal identity (Rageliene, 2016).

Admissions to a psychiatric hospital for a mental health crisis are, “often characterized by loneliness, feelings of inadequacy, and having loss of control...” (Rice, 2021, p. 2), and an inpatient environment can have both a negative and positive impact on adolescents. Though psychiatric hospitalization ensures the safety of adolescents experiencing STBs, many patients expressed it threatened their feeling of autonomy and heightened their anxiety about their relationship with their peers- both of which can impact their quality of treatment during hospitalization, and after reintegrating into society (Rice, 2021). When returning to their families and peers in school, patients may feel ostracized and out of place without the support of professionals around them. This is why it is crucial to give adolescents the coping tools and skills

they need during the recovery process to decrease a feeling of hopelessness placing them back into treatment.

Child life specialists should work to be involved as possible during treatment so they can quickly establish and maintain strong relationships with the patients in order to establish the best treatment plan allowing for a seamless re-entry back into home life, schools, and everyday routines to lower the rate of readmissions. In order to decrease anxiety during psychiatric hospitalization, child life specialists should work with the medical team to facilitate positive interactions between the patients and themselves using games, art, music, and other informal non-scheduled activities, to provide opportunities for adolescents to feel “cared for, heard, and accepted” (Rice, 2021, p.2).

Without proper treatment, approximately one-third of adolescents will make at least one lifetime suicide attempt after hospitalization (Alqueza et al., 2023). This statistic is concerning because it reflects the psychological distress many adolescents face even after treatment, impairing their development into adulthood. Prior research has shown adolescents who receive inpatient treatment for STBs are at an extremely high risk during adulthood for poorer physical health, depressive disorders, engagement in risky behaviors, and social dysfunction (Alqueza et al., 2023).

### **Interventions for high readmission rates**

There is no standard treatment for care after hospitalization- something inpatient programs are often criticized for because it neglects sustainable recovery overtime leading to higher readmission rates (Marraccini et al., 2024). Because adolescents are most likely returning to school following their inpatient treatment, a school re-entry plan involving the child life specialist, medical team, family, and school professionals is crucial to provide adolescents with

the support and coping skills they will need during their recovery journey (Marraccini et al., 2022). These plans are the most commonly used method by medical teams in collaboration with schools in an attempt to satisfy a student's social-emotional, mental health, academic, and physical needs following discharge. However, one study revealed multiple adolescents did not feel comfortable sharing their reason for admission to the hospital due to the fear of being stigmatized or labeled (Marraccini et al., 2024). This can cause challenges in an adolescent's recovery process because it creates barriers for teachers inhibiting them from providing the necessary support and accommodations to ensure a successful transition.

In recent years, technology has been introduced to attempt to eliminate barriers to outpatient services, and reduce anxiety adolescents may face when interacting with their peers after hospitalization. In Germany, an aftercare program by the name of DigiPur is aiming to, "stabilize and ideally expand treatment successes after partial or full inpatient child and psychiatric treatment" (Finkbeiner et al., 2022, p. 3). It uses direct communication via video call to provide post-discharge support and coping skills to improve overall well being of the patient.

Additionally, the use of virtual reality to simulate real-world scenarios for adolescents returning to school has been implemented in some psychiatric facilities to offer digital roleplay for interaction with peers. At the end of each scenario the adolescent and clinician "develop a safety plan designed to address the return to school, based on these in vivo sessions and in collaboration with the school" (Marraccini et al., 2024, p.4). This allows for the patient to implement the coping skills they have learned over the course of their treatment, increasing their tolerance for difficult social experiences. In interviews conducted with participants after their use of a virtual reality headset, many responded with positive feedback praising the method for its

“relevance and realism to student experiences, and their potential for helping kids practice realistic scenarios” (Marraccini et al., 2024, p.9).

### **Recommendations**

As of 2024, there is zero literature outlining how child life specialists can use their practice to lower readmission rates for adolescents who are hospitalized for suicidal thoughts and behaviors. However, due to the extensive background child life specialists have in pediatric psychosocial care and child development, it is essential to expand their practice in what could be considered a nontraditional setting. This aligns with principle five of the Child Life Code of Ethics that states, we should continue to demonstrate the competencies of the child life profession by, “continuous efforts to improve professional services and practices provided in the diverse settings in which they work, and in the community at large” (*Child Life Code of Ethics*, n.d.). Psychiatric hospitalization can be a traumatic experience for adolescents, and without the care and understanding of the medical professionals around them we should continue to expect readmission rates to rise creating challenging barriers to development that will continue to expand into adulthood. Child life specialists are equipped with the tools and training necessary to develop school re-entry plans as this is something that is implemented in a traditional hospital setting, and can help medical care teams come up with a more centralized plan to be utilized across all practices in the United States. They also provide valuable insight into the developmental impact hospital stays can have on our youth, and work to reduce the amount of trauma one may experience while hospitalized, to ensure psychosocial needs are met during and after receiving treatment.

As the field of child life begins to expand into more nontraditional settings, child life specialists are able to showcase the need for educating others about what they do, and can

conduct much needed research to ensure the growth of the practice in order to offer their services to help patients cope with life's most traumatic moments (Hart et al., 2024).

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