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# Youth psychiatrically hospitalized for suicidality: Changes in familial structure, exposure to familial trauma, family conflict, and parental instability as precipitating factors

Jessica L. Rice *, Tony Xing Tan

*Department of Educational and Psychological Studies, College of Education, University of South Florida, EDU105 4202 E. Fowler Ave., Tampa, FL 33620, United States*

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ABSTRACT

In the US, youth experiencing suicidality are often placed in involuntary inpatient psychiatric hospitalization. Though some research has been conducted on the treatment effectiveness and short-and long-term outcomes of children following discharge from psychiatric hospitals, it remains unknown how hospitalized youth attribute precipitating factors for their hospitalizations. In the current study, we conducted a thematic analysis of clinical transcripts from therapy session notes, psychosocial assessments, and psychiatric evaluations that comprised 220 patients' psychiatric medical records to gain insights into youth's perspectives on the life events that precipitated their crises. We identified four main precipitating factors: changes in familial structure, exposure to familial trauma, family conflict, and parental instability, each of which highlights the role of high-risk familial conditions in the development, persistence, and deterioration of mental illness among youth leading to suicidality. The ways in which the overlap and accumulation of these themes jeopardize youth's mental health conditions are discussed, in addition to an exploration of clinical implications and treatment recommendations.



## 1. Introduction

Recent data suggests that approximately 150,000 American children and adolescents experienced psychiatric hospitalizations each year (Silk et al., 2009). According to Bryson and Akin (2015), youth with mood, psychotic, or disruptive disorders are at significant risk for involuntary inpatient psychiatric hospitalization. These disorders are often accompanied by suicidality, which is the leading cause of youth psychiatric hospitalization (Czyz & King, 2015; Grudnikoff et al., 2015; Howie, McMullen, Rainford, & Agazio, 2013). In recent years, the annual rate of suicide attempt among youth has been about 8% in the US (Center for Disease Control and Prevention, 2014). Existing research has identified a discrepancy between what clinicians believed to be the main contributors of psychiatric hospitalization and what the patients believed to have precipitated their hospitalization (Mgutshini, 2010). For youth, the discrepancy might be even more pronounced, as their understanding of the etiology of mental illness might be developmentally different from what clinicians believe. Youth's perceptions about factors surrounding inpatient treatment are essential to understanding and assessing outcomes (e.g., Moses, 2011; Salamone-Violi, Chur-Hansen, & Winefield, 2015). Thus, a deeper understanding of their perspectives might help optimize therapeutic alliances that are developmentally informed to maximize the benefit of inpatient treatment. In the current study, we conducted a qualitative thematic analysis of the psychiatric medical records from inpatient hospitalizations to identify youth's perspectives on the life events that precipitated their crises.

## 2. Literature review

Involuntary inpatient psychiatric hospitalization is a type of highly specialized and intensive treatment. It involves confining patients to a locked facility, staffed with psychiatrists, licensed mental health professionals, psychiatric nurses, clinical case managers, and direct care personnel. In the US and other industrialized countries such as the UK, involuntary psychiatric hospitalization of a youth is a way of ensuring their safety and stabilization. It typically takes place when psychiatric assessment indicates imminent danger to themselves and/or others (Fig. 1).

A lot of research has been conducted to understand the effectiveness of psychiatric hospitalization, re-hospitalization/relapse, satisfaction with the treatment during hospitalization, as well as the collateral impact of psychiatric hospitalization on other aspects of the patients' lives (e.g., schooling) (e.g., Biering, 2010; Edwards et al., 2015; Moses, 2015; Savina, Simon, & Lester, 2014; Tharayil, James, Morgan, & Freeman, 2012). Additionally, a considerable proportion of youth continue to report suicidal thoughts and attempts, even after the intensive services that they received while hospitalized, thus making them a

* Corresponding author.
*E-mail addresses:* jkemph@mail.usf.edu (J.L. Rice), tan@usf.edu (T.X. Tan).

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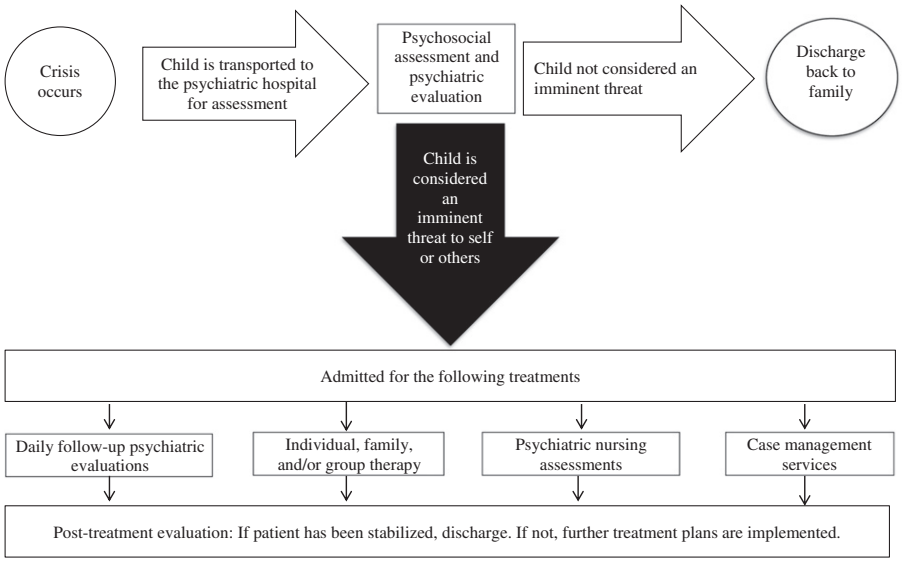


**Fig. 1.** A brief description of the process involving youth psychiatric hospitalization and treatment.

particularly vulnerable group, susceptible for eventual suicide (Czyz, Liu, & King, 2012). Though some research (e.g., Moses, 2015; Savina et al., 2014; Tharayil et al., 2012) has sought to understand the perpetuation of suicidal ideation and severe mental illnesses by investigating the outcomes of children following discharge from psychiatric hospitals, findings remain preliminary and little is known about the perspectives of youth receiving involuntary psychiatric hospitalizations (Edwards et al., 2015; Moses, 2011). As such, Moses (2011) and Salamone-Violi et al. (2015) have suggested that additional research is needed on youth's individual perceptions of the factors surrounding inpatient treatment. However, there is a dearth of research on what youths attribute as precipitating circumstances of their hospitalization, especially while they are receiving mandatory treatment. In fact, there is no empirical study on the perspectives of these youth, as they reflect on their hospitalizations and the precipitating factors that contributed to the need for acute crisis stabilization, thus curtailing the scope of hospitalized youth's treatment experiences (Moses, 2011).

Research guided by the vulnerability-stress model (Ingram & Luxton, 2005) shows that environmental stress can trigger the onset of symptoms of psychopathology among individuals vulnerable to mental illnesses. According to the American Academy of Pediatrics Committee on Adolescence (2000), suicide ideation/attempts in children and youth are commonly precipitated by psychosocial problems and stresses, such as conflicts with parents, breakup of a relationship, school difficulties or failure, legal difficulties, social isolation, and physical ailments. In recent years, school problems and cyberbullying have also been shown to precipitate suicidality in youth (Messias, Kindrick, & Castro, 2014). These factors are consistent with findings that suggest childhood traumatic experiences significantly increase the vulnerability for mental illness and suicidality. For instance, Teicher (2000) found that it was common for young adults who were psychiatrically hospitalized for mental illness or suicidality to have experienced serious physical, sexual, psychological or emotional abuse in childhood. The mechanisms that underlie the linkages between traumatic experiences in childhood and later mental disorders have been shown to be partly explained by the accumulative exposure to multiple forms of trauma or prolonged exposure to single type of trauma (e.g., parental mental illness, domestic violence; e.g., Sameroff, Seifer, Zax, & Barocas, 1987; Turner & Lloyd, 1995) and a series of "chain-reactions" of maladaptive behaviors in response to trauma (Rutter, 1987).

Behavior genetic research using family, twin and adoption designs have converged on the notion that mental illnesses such as bi-polar disorder, major depressive disorder, panic disorder, and schizophrenia tend to run in families (Biederman et al., 2001; Hyman, 2000; Merikangas, Dierker, & Szamari, 1998; Sullivan, Neale, & Kendler, 2014). Youth with these disorders are at an elevated risk for suicide ideation, attempt, and completion (Goldstein, 2009). Additionally, youth who are homicidal have been shown to be significantly more likely to have a father who behaved homicidally and a mother with a psychiatric disorder and have attempted suicide (Lewis, Shanok, Grant, & Ritvo, 1983) or history of violent family experiences (Zagar, Busch, Grove, Hughes, & Arbit, 2009). In other words, youth who are suicidal or homicidal are likely to have families of origin in which the parents also suffer from similar mental illnesses. For instance, in a 20-year longitudinal study, Weissman et al. (2006) found that the offspring of depressed parents have a high risk of depression themselves. However, it is unknown whether youth themselves see a link between their family history of mental illness and suicidality and their own psychiatric hospitalization.

Taken together, research has shown that it is common for youth receiving psychiatric hospitalization to have experienced a combination of parental mental illness, environmental stress, and trauma, each of which can contribute to their need for inpatient psychiatric hospitalization. These risks are likely intertwined such that parental mental illness might serve as a source of genetic risk as well as environmental stress (e.g., inconsistent parenting), while environmental stress likely aggravates the youth's vulnerability and taxes on their abilities to cope. Our study was aimed to probe into how youth made sense of this difficult entanglement during their hospitalization.

## 3. Method

### 3.1. Research design

In the current study, we conducted a qualitative thematic analysis of the psychiatric medical records from youths' inpatient hospitalizations. These records include clinical transcripts from therapy session notes, psychosocial assessments, and psychiatric evaluations. Collectively, the firsthand information shared by patients during their psychosocial assessments and individual therapy sessions, combined with insights offered by secondhand sources (e.g., parents, caregivers, clinical professionals, and/or school personnel), provide a comprehensive picture of youth during a critical period in their mental health. Moreover, these records offer a valuable opportunity to gain insights into youth's experiences and vulnerabilities while hospitalized. Given the lack of research on this topic, and the need for more evidence-based practices to aid in the prevention and stabilization of psychiatric crises in youth