Researchers in Canada have published their latest data on the demographic, socioeconomic and clinical predictors of youth re-admission to inpatient psychiatric services in New Brunswick, Canada. Recently featured in the journal of Child and Adolescent Mental Health, David Miller and colleagues compiled a cohort of nearly 4,000 children and adolescents aged 3-19 years from the New Brunswick Discharge Abstract Database, who were admitted to psychiatric hospitals between April 2003 and March 2014. Within the 10-year study period, 27.8% of the cohort were re-admitted at least once; 57.3% of those were re-admitted within 90 days following discharge. Characteristics associated with an increased risk of re-admission included age 11-15 years, male sex, higher socioeconomic status, referral for admission by a medical practitioner, discharge to another health facility, psychosis, and previous psychiatric admission.

“Our findings suggest that youth are at greatest risk of being re-admitted up to and including 90 days post-discharge, and that support structure factors account for a significant amount of variability in readmission likelihood”, describes Miller. “Both of these findings suggest that policy surrounding stabilization and discharge practices, along with community support availability, referrals, and follow-up, likely have an integral role in mitigating the need for youth to return to inpatient care for further psychiatric treatment”.

A key strength of this study is its use of population-scale, longitudinal administrative data. However, a few limitations should be noted: (1) it is unclear whether the index admissions and following re-admissions were related, (2) re-admissions to hospitals outside of the province were not taken into account, (3) not all potential predictors were available from the database, and (4) the study was restricted to New Brunswick, so the findings might not generalize to other areas. “Further study is now needed to better understand the nuanced relationship between key sociodemographic factors (e.g., socioeconomic status, community size) and the likelihood of readmission”, explains Miller. “A more thorough understanding of the ways in which these factors influence youth care-seeking and use could allow for targeting of specific risk factors to provide the most appropriate and timely interventions”.

Referring to: