MENTAL HEALTH

by [Name]

Course

Professor’s Name

Institution

Location

Date

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Mental Health

Introduction

Overview

Cases of mental illness have been recorded since the ancient civilizations. Egyptians and Mesopotamian records show that mental disorders were often associated with the lack of attention and little concentration (Fernando, 2010). Melancholy and hysteria have been cited to describe mental illness. In the Indian culture, mental illnesses are recorded in Ramayana as being linked to witchcraft and sorcery (Spector, 2002). Among the Chinese, acupuncture was one of the most important treatments for mental conditions. The ailment was often interpreted as a failure of the body fully connected with the emotions (Tseng and Wu, 2013). Ancient Rome and Greece associated mental illness with violence and wandering (Evans et al., 2003). Scholars from the eras such as Socrates, Hippocrates, and Pythagoras recorded and attempted to classify mental conditions. In spite of these early discoveries, mental disorders have remained to be diseases associated with shame and stigma. Various generations have classified the mentally ill as "mad people."

The social and scientific developments of the 21st century have stirred social perceptions with regards to the way people treat those who are different than them. Political and social pressures have triggered awareness; mentally ill people deserve medical attentions. Ironically, mentally-ill adolescents seem to have been sidelined. This study is aimed at analyze the effectiveness of inpatient mental treatment services among adolescents.

Statement of Problem

For several years, mental health among adolescents has been a topic not many bothered to explore. And there are valid reasons for this. For instance, some people would argue that

young people are likely to grow out of many conditions—at least the parents and the society would like to think that. They hope that mental issues could be a part of the 'growing up' or a part of the expected puberty changes that are likely to be toned down by time. Additionally, many people tend to associate mental illnesses with the adulthood. Until a mentally ill person reaches adulthood, many people, their families included, are likely to await adulthood for actual confirmation. This trend is not limited to social and the family milieu. Many non-specialized doctors have been unwilling to offer quality standards of care to mentally ill adolescents. For them, the problem is stigma and the overall acceptance of mental conditions as 'natural' occurrences.

With the recent overhauls seen in many hospitals and care facilities due to political and social pressures, things are changing. Various studies have already been undertaken aiming at investigating the extent to which inpatient and outpatient services have benefited mentally ill adolescents that were otherwise ignored. Inpatient services being the most extensive in terms of packaging, this study hopes to solve the following problems:

1. Exploring and understanding whether inpatient mental health services are effective when dealing with adolescent patients.
2. Adopting positive lessons learned from practices that have benefited mentally ill adolescents and proposing them to health institutions that are still lagging behind.
3. Contributing to academia owing to the meager amount of studies about mental health among adolescents and young adults

Research Questions

This paper seeks to answer questions on the effectiveness of inpatient mental health treatment among adolescents and the likely impacts this has on their lives. The study draws

lessons from mental health care facilities that have successfully catered for the needs of mentally ill adolescents through the use of inpatient services.

The proposed research questions include the following:

1. Are inpatient services offered to mentally ill adolescents effective in reducing the negative the effects of the disease?
2. If, so, does this kind of treatment offer any advantages over other kinds of treatment plans such as outpatient services?
3. With regards to inpatient services, what unique challenges do adolescents admitted in mental health unit face in their endeavour to pursue treatment?
4. How are inpatient services offered to adolescents different than those offered to children and adults?

Aim and Objectives

This study aims at critically analyzing the effectiveness of the services offered to mentally ill adolescents on an inpatient basis. This implies that the study does not take an all-purpose approach as is limited to the services offered to 12-24 year old people that get admitted on mental conditions. This study is contrasted to similar ones in that the subject of investigation is contrasted to others in terms of the demographics considered (adolescents only), the health ailment under investigation (mental health) and the nature of treatment under the study (inpatient). In order to achieve the above aim these objectives have been highlighted;

(i) To critically analyse the effects of mental health services when administered to adolescents on an inpatient basis.

(ii) To critically analyse the challenges that health care providers meet when offering mental care services to adolescents in hospital units.

(iii) To critically analyse the challenges faced by adolescents when receiving mental care health services on an inpatient plan.

(iv) To critically analyse the differences in terms of inpatient health services offered to adolescents against those offered to adults and children.

Justification for the Study

This study is done at a time when mental illness is only beginning to be recognized as an ailment demanding attention and not shame. For many years, mentally ill children and adolescents have been hidden away by their parents in fear of societal stigma associated with the condition. Those who developed mental health complications as young adults were ignored by the society and their conditions dismissed. In many situations, this has led to negative repercussions such as erratic behaviors and other dangerous acts. Reports of teenagers committing atrocities have plagued the western world. It is only after a detailed investigation that it is revealed that the 'gun wielding teenager' is said to have been mentally unstable. The fact that such most mass shootings have been committed by teenagers suggests that it is necessary that every health condition be examined as soon as it is detected.

Of course, it is highly likely that the mainstream media reports more homicides while ignoring many suicides and harmful actions when they only affect a few people—such as the family members of the deceased. For these reasons, this study aims at exploring literature on the effectiveness of inpatient health services to such individuals (Blanz and Schmidt, 2000). It aims at discussing the challenges that present adolescents from receiving mental services before their conditions worsen or before they harm themselves and others. By determining whether inpatient health services are effective, the study will propose ways through which adolescents can receive care after being diagnosed with mental illnesses. The proposal will be made in light of the

challenges faced by adolescents in their effort to receive the treatment services.

Scope of the Study

The study will be limited by certain boundaries in order to offer a balanced and objective argument. The research question suggests that the subjects in the study are adolescents. As it will be explained in the literature review, 'adolescents' are assumed to be subjects whose ages are between 12 and 24 years. The justification for this is provided in the literature review. Additionally, the study will only focus on the services that entail treatment on an inpatient basis. This is based on the fact that inpatient services are generally more intensive outpatient services since the patient receive prolonged supervision from the care provider. Perhaps, a future study could answer this study's research question but substitute 'inpatient' with 'outpatient'. The study will avoid investigations that were conducted on children since the proposed research question seeks to discern whether adolescent development is linked to the challenges faced by adolescents when admitted in hospitals for mental health issues. Lastly, studies whose subjects were labeled 'young adults' will qualify for inclusion as long as their age brackets were within those proposed in the study.

Organization of the Research

The paper is divided into 4 chapters that critically address the effectiveness of inpatient mental health care services to adolescents.

Chapter one (introduction) provides a background of mental health conditions and care. It also introduces the subject of mental health among young adults/ adolescents.

Chapter two (literature review) provides an in-depth assessment of the subject matter, including different concepts associated with the mental health condition and treatment. It also presents past findings regarding inpatient mental health services provided to adolescents and

young adults. The chapter seeks to explore the theories and constructs that many scholars and practitioners have developed over the years.

Chapter three (research methodology) provides a detailed appraisal of the study's research design and methodology. The study will be undertaken qualitatively. The chapter will justify the choice for this type of approach.

Chapter four (conclusions) entails the authorial outlook and gap-filling supposition; this is from the findings in the qualitative analysis (chapter three). While the research aims and objectives will be categorically met all the way through this paper, the research question will be answered in the conclusion.

Literature Review

Overview

In the United States, inpatient psychiatric units were first erected in the 1920s. Some followed in the 1930s after the success of the predecessors. These units did not cater for a wide array of mental conditions as the adults' counter parts. According to Hersovet al., (1994), they only focused on adolescents that had behavioral disorders after a diagnosis of encephalitis. Mental disorders are responsible for a large part of the ailment burden in adolescent in every society. Most cerebral disorders begin during the youthful age (12–24 years). However, they are frequently first noticed in later years. Poor psychiatric health is highly related to additional health and growth concerns in many young people. These are lesser educational achievements, violence, substance abuse, poor reproductive/ sexual health.

The value of some of the interventions for mental disorders in the age-group has already been recorded. There still remains the need for more research in order to further the assortment of reasonably priced and sufficient interventions. This is because the needs of young people are

not met in both the middle income level countries as well countries with high levels of income (WHO, 2005).The key challenges to dealing with the mental-health needs of adolescents include a small number of professional qualified in mental health treatment, low capacity among non-specialists offer any kind of mental health care to adolescents, little motivation among non-specialists to offer quality care to mentally ill patients and shame associated with mental illnesses.

In this chapter various studies will be analyzed around the topic "effectiveness of inpatient mental treatment on adolescents". The chapter will review studies that have been done regarding mental health adolescents, and inpatient services. The aim of the literature is to shed light on the known issues regarding the subject as well as to point out the knowledge gaps.

Adolescence

Adolescence has been traditionally marked as the ages between 10 and 19 years of age. This limit is fluid and is often subject to social, cultural factors and environmental factors. These factors have shifted the range to about 12 to 24 years depending on the context. On the other hand, puberty is often linked to a stage in which girls develop signs of adolescence and start to show signs of menarche—the word is seldom used on boys. Time have proved that adolescence seem to take place at a relatively smaller age than it did in the past. In some third world countries, adolescence or the end of childhood is still considered to be relatively early. For instance, among the Hmong community found in Southern Asia, individuals are considered to be adults between the ages of 12 and 13. In Bangladesh, school going individuals are considered to be children until they reach puberty (Tobin, 1984). This rule has a disclaimer; if a child starts working at ages 4, 5 or 6, they are no longer considered to be children. In most western nations,

adulthood is a separate entity from adolescence. It is considered to be the period just after adolescence while welcoming the marriage life.

Many medical studies have avoided a labeling distinction between adulthood and childhood. Most have adopted an age bracket,12-24years, and noted that it could be altered by plus or minus 1 on each side. Most 24 years olds are at the end of their educational years and entering the employment years. Most adolescent developments are coming to a close in their bodies. Additionally, they are sexually active and are expected to pursue socially acceptable endeavors such as finding romantic relationships, using alcohol and tobacco and getting a job. On the other hand, youths are categorized as individuals belonging to the stage just before adulthood or those who might consider themselves to be young adults.

In regards to mental health, most practitioners note that these problems usually start in the youthful years or adolescence. Younger people are more likely to harm themselves than older ones (Verhulst et al., 2003). For this reason, suicide is one of the leading causes of death in young people. Studies have revealed various risk factors of mental illnesses among adolescents and young adults (those outsides the age bracket but are still studying or are unmarried). In spite of this, stigma and the general attitude toward mental illness makes combating worsening effects of the illness a losing battle.

Treatment Options for Young People

The quality of treatment for mental health disorders has generally improved in the last 20 years. The current drugs are safer and more effective in comparison to those administered in the 1980s and early 1990s. Additionally the quality of psychosocial interventions has greatly improved and many hospitals and mental care centers are utilizing the newest models in the service delivery. There are numerous positive developments indicating that early intervention is

beneficial (Burns Hoagwood, and Mrazek, 1999). There is evidence of the positive impact of psychological therapy in preventing suicides and drug abuse among young people.

Some substantiation exists concerning antisocial disordered adolescent offenders for whom parenting and family interventions have proved to be effective in plummeting the time of confinement (NCCMC, 2005). In regards to eating disorders, systematic reviews and trials have not been explicit to adolescents; nevertheless, the mean populace age of those with the disorders is between 12–24 years. According to Cochrane reviews there is some evidence of benefits associated with antidepressants treatment for bulimia nervosa. However, there is no evidence for use of the antidepressant in mitigating anorexia nervosa. In such scenarios, family therapy has proven to alleviate the disorders.

Researchers have shown that bipolar disorder can be calmed by the medical use of divalproex sodium, quetiapine and lithium in adolescents (Geller et al., 1998). These treatments were administered in several randomized studies and showed to stabilize the episodes. Psychotherapeutic and drug interventions have only been proved to have minimal evidence of alleviation. For instance, tricyclic antidepressants have been proven to be ineffective among adolescents and children (Hazell and Mirzaie, 2013). Anti-depressants have been shown to be highly effective in adults more than in children and adolescents.

There are two major challenges when it comes to investigations about depression I adolescents: (i) adolescents are often underrepresented in such studies (ii) when included; they are usually combined with children between the infancy age and puberty. Perhaps, the pressure to combine adolescents with children has contributed to overall exclusion of this group from such studies.

Risk Factors of Mental Health Illness

Mental disorders are caused by various factors in adolescents, all of which have been proven in various population samples. For instance, studies have proven that social disadvantages and poverty are linked to an increased risk as well as psychoses-related neuro-anatomical disorders and abnormalities. Additionally, some genetic traits have been observed to pass on mental disorders in relation to various biological factors that the families of a patient share (Eley et al., 2004). The milieu has not been proven to be a significant factor in the risks of mental disorders but have been known to modify the risks instead.

As an illustration, the time that puberty sets in among teenagers is largely determined by the attachment that they have with their families. Where the relationship is poor, it soon becomes problematic due to frequent and teenager-parent conflict. This leads to low self esteem and attitudes of deviance among the teenagers (Richter, 2006). One common feature in mental disorders among adolescents is found in the gender. This implies that boys usually behave differently than girls when with the same kind and level of mental disability. Studies have shown that young women are about 3 times more susceptible to attempting harm themselves and men are more likely to have issues related to their conduct and development of schizophrenia (McGrath, 2006). Scholars have explained that these large differences between the sexes are brought about by the distinct environmental and biological risks that the different sexes are predisposed to be exposed to in the natural environment as well as hormonal characteristics.

The relationship that develops from environmental and genetic factors can explain why boys are more likely to exhibit behavioral disorders. On the other hand, the minimal exposure of girls to environmental factors can explain why young women are more likely to engage in self harm or get severe episodes of depression (Patel et al., 2006). For this reason, gender based

violence has depressed women as the most frequent perpetrators while outdoor crimes have young men as the most common suspects. As noted earlier, not all disorderly young men or depressed young women have mental illness; in fact, most do not. There is a difference between exhibiting the risk factors of mental health and actually being mentally ill (Richter, 2006). The risk factors of mental illnesses can be controlled and even eliminated if proper attention is accorded to the victim. The earlier that this is done, the better the chance they stand for overcoming the malady. Additionally, younger people are more likely to recover than adults owing to the fact that they are more biologically flexible since their bodies have not reached a plateau in terms of development.

Studies conducted in China and the U.S. have shown that when adolescents are protected from the risk factors, the effort yields positive results in mitigating mental health issues. Other studies have confirmed that minimal levels of conflict, a sense of a connection, and a milieu encouraging expression of emotions, are linked to a certain level of buffer against emotional and mental disorders. Therefore, one of the most important interventions in minimizing mental risks from developing to mental disorders is providing a socially supportive environment. Studies suggest that there is a pattern observed whenever parents engage their children on the right way of managing issues that may trigger mental instability. These may be through teaching their children that bullying should not be tolerated since it can lead to depression and sometimes use of drugs and mental disorders. They may also promote surroundings where their children's interests and other issues are addressed immediately and personally. They may also minimize the effects of the risks by ensuring that their children have an obstructed access to religious and community activities as they desire (Graham, 2004). These have been proven to provide an environment for social outlet as well as the building confidence.

Stigma and Discrimination

Mental disabilities are among the most stigmatized illnesses known to man. Additionally, the ailment is known to be a leading cause of death among young people. This often happens indirectly such as in accidents or misjudgment, random attacks, substance abuse and self-harm. The problem is amplified by the fact that if the mental issues are not remediated during the youth, they become amplified as one enters adulthood. Additionally, studies show that it is only a few cases of mental illnesses that start at the adulthood stage (Costello et al,. 2006).

According to a study conducted by the National Comorbidity, about three-quarters of the subjects reported to have had their first symptoms of mental illness when they were younger than 24 years. When young people develop mental disorders, the effect is that they lose out in nearly all the areas of their lives. This is because the youth is the stage that most people complete their education, look for friendships, look for romance and establish themselves in their respective industries. Unchecked mental disorders deny them all these.

Early intervention helps alleviate most of these risks and prevent the progression of the comorbid behaviors. There are contradicting indications regarding the effect of early intervention on mental disorders related to the cost that is attributed to the disorders. In spite of this, mentally ill youths are more susceptible to contracting diseases such as HIV/ADS as opposed to their healthier counterparts. Additionally, mentally ill adolescents are likely to suffer from insufficient communication skills which may make them less able to communicate during sexual encounters (Donenberg et al., 2001). Lack of these skills subjects such youths to a minimal ability to negotiate for sex that is safe and generally makes them less assertive. The relationship between disease contractions and mental health is dangerous since youths living with HIV/AIDS are more likely to suffer depression as opposed to those who are not infected.

Inpatient Mental Treatment to Adolescents

In the United States, inpatient psychiatric units were first erected in the 1920s. Some followed in the 19301s after the success of the predecessors. These units did not cater for a wide array of mental conditions as the adults' counter parts. According to Hersov (1994), they focused on adolescents that had behavioral disorders after a diagnosis of encephalitis. Unlike the adults' facilities, the units were not setup for primarily treating the behavioral disorders. Neither were they setup to primarily treat emotional disorders in the adolescents. They were meant to offer custodial services to the adolescents. For the next several decades, not many of these facilities were setup in major hospitals. The prevailing thought was that serious mental conditions were only common among adults and not children or adolescents. Warnick et al., (2009) observes that owing to many changes in terms of politics, fiscal policies, and scientific influences led to more such units being setup in various hospitals across the United States and Europe in the 1970s. In the next 10 years, there was a marked increase in the number of admittances into the facilities. For the adolescents between 10 and 14 years, their admissions rose by one hundred percent and those between 15 and 17 years it tripled (Bickman, Foster, and Lambert, 1996). The services being offered at these new units were structurally different from the offered in the pioneering ones. Inpatients received multi-professional treat services, multimodal evaluation, and an all-disease treatment program where no disorder was ignored. Previously, hospitals did not extend care to a big section of mental diseases. This was worse if the patent was an outpatient. In the 1980s, it was common for the average hospital stay to last a few months. After the increase in the number of adolescents who needed the care, it started to become clear that the cases were varied and the environment/ units would have to cater for the extremities of conditions.

According to (Bickman, et al., 1996), inpatient services started being regarded as essential to any kind of therapeutic intervention. They noted that there are several features seen in inpatient units that are hard to impossible to replicate for outpatient cases: development of a relationship between the staff members and the patient, the availability of the staff on a short notice, the physical environment, the structuring time and space, behavioral changes, peer relationships and containment.

The situation has vastly changed in the first decade of the 21st century. Political tides and financial pressures have forced hospitals to reduce the rate at which inpatient beds are increased. Additionally, the length of the stay in the hospitals for mentally ill people—adults and children—has been reduced significantly. These kinds of shifts are not limited to mental health alone. Nearly all units in hospitals have reduced the extent of the duration for offering inpatient services to the same patient. This is partly due to the need to keep costs at a minimum as well as the need to take care of as many patients as possible in the shortest time.

Some researchers have taken the route of studying evidence base in formulating the effectiveness of inpatient care to adolescents. Jensen et al., (1996) observe that there is pressure for the expression of effectual treatment for adolescents diagnosed with mental disorders. They note that it is necessary that the subject matter is analyzed with an understanding of the evidence-base. Burns et al., (1999) addressed this aim by searching the published text for effectual interventions for adolescents and came up with a review that took the following form: organized this review as follows: (a) prevention (b) traditional forms of treatment such as outpatient rehabilitation, psychopharmacology, inpatient medical treatment and part hospitalization (c) crisis and sustenance services (d) intensive widespread community-based medical interventions together with case management, home-based care, therapeutic family care, and therapeutic

community homes and (e) care for two ubiquitous disorders—major depressive mental disorder and attention-dearth hyperactivity mental disorder. In regards to the inpatient care offered to adolescents, there was strong evidence of care for attention-deficit mental hyperactivity, anxiety, disruptive behavior and depression.

Inpatient care is costly and should preferably be provided to children and young people with serious mental disorders. However, there are many factors that influence inpatient treatment, such as the factors that influence hospital admissions, the substance of care in a hospital, the suitable norms for the length of the period of inpatient, the inpatient structures that result in the preeminent outcomes, or association with the needed aftercare services. In spite of this, it can carefully be noted that psychiatric admission of adolescents is often advantageous, particularly if unique aspects of care are fulfilled—treatment linked to a cognitive-based-problem-solving pack, responsible therapeutic alliance and planned discharge. The availability of after services should also be coordinated. Such as continuum-of-care format is capable because it identifies opportunities for achieving a better amalgamation between inpatient and aftercare medical services.

Methodology

Overview

In the following section, the research methods employed in the study will be defined, explored and justified. The following areas will be discussed in order to achieve this: secondary data, thematic analysis and the case assessment. In addition to these, the section will explore the criteria employed in the section of each process mentioned. The data sources used will be disclosed in the chapter. Justification will be made regarding this area as well.

Secondary Data

Research is a systematic procedure of collecting and conducting analysis on data for a specified principle. Therefore, it should be a highly objective endeavor conducted in a reproducible and transparent manner. This study utilized secondary sources of data for various reasons. Firstly, the use of secondary data was chosen since there were limited funds and time available for conducting this nature of a study. This allowed the research to achieve a relatively affordable study not constrained by resources. As a result, the researcher was able to focus on the thematic subject of the study. Secondly, a secondary research had other benefits such as the ability to compare various studies conducted in different environments. As a result, the findings were more universal than those of a typical small hospital in the country. Finally, secondary studies are useful in ensuring that unnecessary duplication of effort is avoided—subject to obtaining an appropriate study(s).

The data that was collected was qualitative in nature implying that the analysis made use of information that was non-numeric in nature. However, some data in spite of being qualitative had some figurative deductions such as estimated proportions and percentiles. The use of secondary data was chosen as the most befitting in determining the effectiveness of inpatient mental health in adolescents. To achieve this goal thematic analysis was applied on several cases.

Thematic Analysis

Thematic analysis is a common type of analysis in many qualitative studies. The method entails determining, examining and noting down themes and patterns available in data. The data should be describing the subject under research. The themes are vital in describing certain phenomenon that is linked directly or indirectly to the research question.

To discuss the thematic elements arising various cases of treatment offered on an inpatient basis to mentally ill adolescents, this study determined the scope various terms. Firstly, the mental illness had to be treatable, failure to which it would amplify to an actual mental disorder. Secondly, it was determined that cases of anger issues were not to be included in the analysis. Inpatient treatment was taken to comprise of any of the various settings where the patient receives treatment without the need to go home. In this regard, inpatient treatment centers were taken to compromise the following: residential treatment centers, rehabs, and hospitals units for the mentally ill.

Treatment Outcomes: Cases

In residential and treatment, the question of effectiveness of the services is all very common. In the 1980s, the treatment offered to young people with mental illness was usually very ineffective. As a result, complete failures were normally recorded (Curry, 1995). Additionally, the methods used to treat psychotics and schizophrenics were largely criticized for being ineffective. To further complicate matters, the two conditions were not yet separated in context and were often treated as one, in the same medical facility. Later in the decade, various reforms changed the methodology and approach in regards to psychotherapy. To the amazement of the profession, these changes yielded success. There was a record of moderate success in treating children and young adults diagnosed with either of the condition toward the end of 1989.

In 1991, Curry discovered that about 60%-80% of all the young people treated in the RCT had an improvement during of follow-up compared to the time that treatment commenced. In the following year Weisz et al. (1992) showed that adolescents who were taken and treated in the RCT facilities did better than those who did not receive this kind of treatment. This finding had been hinted on earlier by Pfeiffer & Strzelecki in 1989 and 1990. Pfeiffer & Strzelecki

(1990) observed that the inpatient treatment offered to young people improved the reviews marginally. In 1991, Blackman et al., wrote a publication for a follow up of 1-3 years for adolescents in which they noted that the level of impairment observed during the discharge was significantly less than that observed during admission. They also noted that follow up showed better results for patients that had been admitted in comparison to those that had not. According to Curry (1995) the success recorded in the early years of the 1990s was instrumental in reviving hope to families whose teenagers had mental illnesses, allowing the preparation of templates for sourcing funding and helping place adolescents and children in appropriate centers of care.

Eysenck's (1994) stated that the practitioners offering treatment to children with adolescents and children with mental illnesses were the only beneficiaries of the success story created in the 1990s. This argument was fiercely and quickly dismissed as malicious and misinformed. Zimmerman and Postemak (2001) hinted that the field soon suffered from the lack of enough literature in spite of the overall success observed in many parts of Europe the United States and Australia. This problem seems to have persisted since the 1960s when the success rate of the program was far from positive. The scholars observed that this was caused by the fact that it became increasingly difficult to follow young people once they left the medical facility. Also, the populations that were at the centers were usually quite small yet the programs in various centers were vastly differentiated with only thematic semblance.

In 1995 Curry noticed that there was a trend in regards to the statistics recorded in various medical units and rehabs for young people (Curry, 1995). In contemporary RCT settings, only a few psychologists engaged any form of applied research. Additionally, only 11% of them thought that it was an important part of their work.34 % of the psychologists did not engage in any kind or research. To make matters worse, the kind of research that they were

actually engaged in was largely linked to quality assurance. In this regard, 65% of the research comprised of the quality research, 50% on the satisfaction research and 85% on the quality assurance. Moreover, 34% of the units that said they engaged in the applied research said that it was mandate from the external milieu. Only 75% of the centers claimed to have any job positions dedicated to research. Among those, only 25% stated that they had budgetary allocations for mental health research among young people.

The centers also had a discouraging record in regards to the use of the research findings (Curry, 1995). Upon data collection, about 58% of the programs used it for any kind of improvement. About 25% reported using such data for evaluating the effectiveness of their services. Additionally, only 16% claimed to use it for quality assurance with 14% stating that they used it for aftercare services. These findings were confirmed by Zimmerman when he stated that mental health evaluation among young people was an important but largely ignored part of the medical practice.

The research methods in the area have since improved. Zimmerman and Postemak (2001), observed that in the past, the most important form of evaluation and measure of upshot was whether an adolescent could be allowed to go home to their family without subjecting others to harm. This measure was ignored the basic problems of such a return. Since then, newer and more efficient methods of measuring the outcome have evolved. Psychologists are applying benchmarks that rest on the ability of the patient to develop and maintain a sense of purpose, individualism and positive identity upon being discharged.

Conclusion

Mental illnesses have been recorded for many centuries over virtually all cultures and are as common in adolescents as they are among adults. Mental illness has been described using

many terms over the years across the world: madness, hysteria, mental disorders, melancholy. In a similar way, many cultures link(ed) mental illness to the spiritual world, bad omen and other consider it to be a disease just like any other. The social and scientific changes in the late 20th century and early 21st century have stirred group perceptions with regard to the way people treat those who are different than them. Political and social pressures have triggered awareness; mentally ill people deserve medical attentions. Ironically, mentally ill adolescents seem to have been ignored in comparison with adult patients. This study was conducted with the aim of analyzing the usefulness of inpatient mental treatment services on adolescents.

In the study, the stigma surrounding mental health was explored. The literature available on the subject was compared, contrasted and refuted chronologically. This exposed the extent to which the effectiveness of the said treatment had been recorded. Additionally, it allowed the research to carve its place by determining the research gap—the inadequacy of the literature available of the evaluation of the effectiveness of inpatient treatment offered to adolescents.

The study employed a secondary data approach using a thematic analysis scheme. Despite the simplicity of this, a pattern was detected. It was discovered that before the 1990s, inpatient treatment was generally ineffective. After 1990 things started to change and more and more adolescents received treatment leading to partial or full recovery. The latter part of the 1990s was faced by a bout of literature insufficiency and a general lack of enthusiasm in research. However, the 2000s saw a revival of interest in the area.

The findings from the analysis of various cases arranged chronologically prove that indeed, inpatient mental treatment among the youths is effective. There were no significant differences in the challenges faced by mentally ill adolescents as opposed to adults except for the

fact that their lives are likely to be destroyed by the onset of such a malady if it is not treated. This is because they are at the age in which they lay the foundation work for their lives.

Limitations and Future Studies

This study suffered from the lack of clear cut studies to use for the thematic analysis. Perhaps this is because of the lack of enough literature (and research) in the area. A future study may overcome this challenge by employing a primary design. This would mean that the study objectives would be used to shape the entire studies. In spite of this, this study has proven that inpatient mental health treatment is indeed effective among adolescents.

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