

Análisis de la mejora en el funcionamiento personal, social y familiar de los adolescentes con trastorno mental grave tras el tratamiento en hospitalización parcial: ¿Influyen los factores familiares?

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Resumen

Introducción: La literatura científica demuestra el pobre funcionamiento global de los adolescentes que ingresan en hospitales de día infanto-juveniles (HDIJ). Estudios previos constatan la relación entre mayor inadaptación y enfermedad mental parental, nivel socioeconómico bajo y educación inadecuada parental. Los objetivos del presente estudio fueron analizar el cambio en inadaptación tras el tratamiento en hospitalización parcial y la relación entre cambio en inadaptación y número de reingresos, y estas variables familiares. *Método:* Se seleccionaron a los 64 adolescentes entre 11 y 17 años ($M=14,41$, $DT=1,21$) del HDIJ de Castelló que habían recibido el alta por mejoría, representando al 53,78% de la totalidad de menores ingresados. Se utilizaron los datos de la entrevista clínica de ingreso y del Test Autoevaluativo Multifactorial de Adaptación Infantil (Hernández, 2004). *Resultados:* Se encontró una mejoría post-tratamiento estadísticamente significativa en inadaptación general ($p=0,000$), personal ($p=0,003$), escolar ($p=0,000$) y social ($p=0,006$) y en insatisfacción familiar ($p=0,000$). No se encontraron diferencias estadísticamente significativas en el cambio en inadaptación post-tratamiento según la psicopatología parental, la educación adecuada de la madre y la discrepancia educativa parental. Sin embargo, se observó un mayor nivel de cambio post-tratamiento en inadaptación general a menor nivel socioeconómico ($p = 0,011$) y con una educación más inadecuada del padre ($p = 0,029$). No se obtuvieron diferencias entre el número de reingresos y todas las variables familiares anteriores. *Discusión:* Los HDIJ son un recurso terapéutico que garantiza la mejora funcional de los adolescentes, además de contribuir en la prevención de psicopatología adulta. Los factores disfuncionales de la familia no han influido en la adaptación de la muestra evaluada, incluso se observa una mayor mejora que podría deberse a la capacidad de crecimiento postraumático del paciente ante la adversidad familiar. En futuras investigaciones, sería importante detectar qué factores condicionan la evolución del adolescente tras la hospitalización.

Analysis of the improvement in personal, social and family functioning of adolescents with severe mental illness after treatment in partial hospitalization: do family factors have an influence?

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Abstract

Introduction: The scientific literature demonstrates the poor overall functioning upon admission to day hospitals for adolescents (DHA). Previous studies confirm the relationship between greater maladjustment and the three family factors parental mental illness, low socioeconomic level and inadequate parental education. The aims of this study were to analyze the change in maladjustment after treatment in partial hospitalization and the relationship between change in maladjustment and number of readmissions and these family factors. *Method:* The selected 64 adolescents of the study from the DHA of Castelló were between 11 and 17 years old ($M = 14.41$, $SD = 1.21$) and had been discharged due to improvement. They represent the 53,78% of the total population of patients. We selected data from the clinical admission interview and the Multifactorial Self-Assessment Test for Infant Adjustment. *Results:* A statistically significant post-treatment improvement was found in general ($p = 0,000$), personal ($p = 0,003$), school ($p = 0,000$) and social ($p = 0,006$) maladjustment and family dissatisfaction ($p = 0,000$). No statistically significant differences were found in change in post-treatment maladjustment according to parental psychopathology, mother's adequate education and parental educational discrepancy. However, a higher level of post-treatment change was observed in general maladjustment at a lower socioeconomic level ($p = 0,011$) and with a more father's inadequate education ($p = 0,029$). There were no differences between the number of readmissions and all previous family variables. *Discussion:* The DHA is a therapeutic resource that guarantees the functional improvement of adolescents and prevents adult psychopathology. Dysfunctional family factors have not influenced the adaptation of this sample. In fact we observe a greater improvement that could be due to the post-traumatic growth capacity of the patient facing family adversity. In future research it would be important to detect which factors influence the evolution of the adolescent after hospitalization.

ANALYSIS OF THE IMPROVEMENT IN PERSONAL, SOCIAL AND FAMILY FUNCTIONING OF ADOLESCENTS WITH SMI AFTER TREATMENT IN PARTIAL HOSPITALIZATION: DO FAMILY FACTORS HAVE AN INFLUENCE?



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1. INTRODUCTION

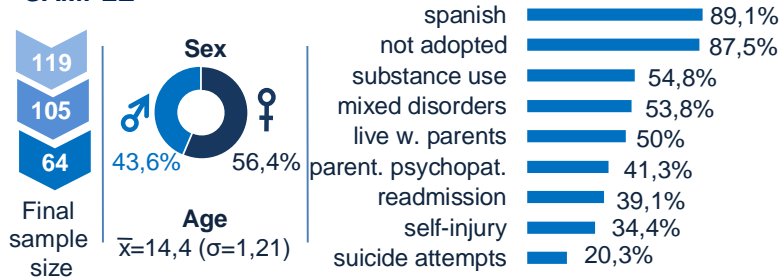
The scientific literature demonstrates the poor overall functioning upon admission to Day Hospitals for Adolescents (Lancaster, Bailey and Vanderpool, 2013). Previous studies confirm the relationship between greater maladjustment and parental mental illness, low socioeconomic level and inadequate parental education (van Santvoort et al., 2015; Reiss, 2013; San Martín, Seguí-Durán, Antón-Torre and Barrera-Palacios, 2016).

AIMS

- 1 To analyse the change in maladjustment after treatment in partial hospitalization
- 2 To study the relationship between change in maladjustment and number of readmissions and family factors

2. METHOD

SAMPLE



- Clinical admission interview
- Multifactorial Self-Assessment Test for Infant Adaptation (TAMAI) (Hernandez, 2004)

STATISTICS

Wilcoxon signed-rank test, T-test and Spearman Correlation

3. RESULTS

1 Difference in TAMAI factors between admission and discharge

Statistical difference	Clinical difference	No difference
General maladjustment Z= -4,959 (p=,000)	Father's adequate education Z= -1,601 (p=,109)	Dissatisfaction with siblings (p=1,000)
Personal maladjustment Z= -3,022 (p=,003)	Mother's adequate education Z= -1,136 (p=,236)	
Social maladjustment Z= -2,742 (p=,006)	Educational discrepancy Z= -1,437 (p=,151)	
School maladjustment Z= -4,667 (p=,000)	Pro-image Z= -1,833 (p=,067)	
Family dissatisfaction Z= -4,526 (p=,000)	Contradictions Z= -1,945 (p=,052)	

2 Relationship between change in no. of readmissions and general maladjustment and family factors

	Socioeconomic level (rho)	Father's adequate education (rho)	Mother's adequate education (rho)	Educational discrepancy (rho)	Parental mental illness (t)
No. of readmissions	-,101	-,202	-,169	,158	p= ,813
Change in general mal.	-,316*	-,279*	-,143	,079	p= ,838
Change in personal mal.	,044	-,186	-,139	,164	p= ,486
Change in school mal.	-,214	-,227	,037	,119	p= ,221
Change in social mal.	-,147	-,143	-,219	-,030	p= ,768

4. DISCUSSION

The high level of maladjustment in all areas and family negative environment on admission were reduced thanks to the treatment. The greatest improvement in a dysfunctional family factors could be due to the post-traumatic growth of patients facing family adversity. A limitation of this study could be the limited data available.

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