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Treatment not Punishment: Youth Experiences of Psychiatric Hospitalizations

Maira Ferrer-Cabrera

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TREATMENT NOT PUNISHMENT:
YOUTH EXPERIENCES OF PSYCHIATRIC HOSPITALIZATIONS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Maira Ferrer-Cabrera

May 2024

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Approved by:

Yawen Li, PH.D., M.S.W. Research Coordinator

Armando Barragán, PH.D., Faculty Supervisor, Social Work

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ABSTRACT

This study aims to better understand adolescent psychiatric hospitalization regarding the use of coercion at the hands of clinical staff from the perspectives of former hospital staff and former patients' family members. This study was conducted from a critical theory perspective. The researcher surveyed a total of fourteen former staff members and former patients' family members. This research study emphasized quantitative data as the way data was collected. The methods utilized to gather data were online surveys that were collected through Qualtrics and further analyzed using SPSS statistic data editor. The findings of this study showed that 25% of former staff participants had a good to excellent experience working in a psychiatric hospital and 75% of former staff participants had poor to average experience. In addition, both former patient family members showed they experienced average to good overall experience. These percentages showed that a higher percentage of participants had a probability of reporting things such as lower work or treatment satisfaction, witnessing mistreatment towards patients, witnessing other hospital staff use seclusion, confinement, or medications because the adolescent patient was not following hospital's rules. The findings can help social workers understand what type of policy changes are necessary to ensure that there is no room for punishment or coercion towards the youth population. Furthermore, this study can help social workers to better advocate for the mental health and needs of their patients. Lastly, this study can give youth the knowledge to self-advocate.

DEDICATION

I would like to take this moment to thank my family who was with me through this amazing and challenging journey. I could have never done this without the support of my wonderful husband who encouraged me until the finish line. Thank you for all the sacrifices you did and for your loving words that kept me going. I hope you know how much I love you and how blessed I feel to have you in my life.

I also want to thank my son Ezekiel, for motivating me with the simple fact of existing. It is because of you that I decided to take on this challenge. I wanted to show you that you can always pursue your goals and dreams regardless of where you are in life. I was giving birth to you on the first orientation of my MSW program and you are turning three just as I am completing this journey. Thank you for the sacrifices you had to make at such a young age even if you were not aware of them. I hope one day you can be as proud of me as I am of you. I love you mi *amorcito*.

TABLE OF CONTENTS

ABSTRACT.....	iii
LIST OF TABLES.....	viii
CHAPTER ONE: ASSESSMENT.....	1
Introduction.....	1
Research Focus.....	1
Paradigm and Rationale for Chosen Paradigm.....	2
Literature Review.....	3
Introduction.....	3
Prevalence and Differences in Social Groups.....	4
History.....	5
Methods Used Today.....	5
Preventative Measures.....	7
Potential Contribution of the Study to Social Work Practice.....	8
Summary	8
CHAPTER TWO: ENGAGEMENT.....	10
Introduction.....	10
Study Site.....	10
Self-Preparation.....	11
Diversity Issues.....	11
Ethical Issues.....	12
The Role of Technology.....	13
Summary.....	14

CHAPTER THREE: IMPLEMENTATION.....	15
Introduction.....	15
Study Participants.....	15
Selection of Participants.....	16
Data Gathering/ Phases of Data Collection.....	16
Data Recording.....	17
Data Analysis.....	17
Termination and Follow-up.....	18
Summary.....	18
CHAPTER FOUR: RESULTS.....	20
Introduction.....	20
Demographics.....	20
Former Psychiatric Hospital Staff Experience.....	23
Hospital Behavior Towards Adolescent Patients.....	24
Hospital Behavior Towards Former Staff.....	24
Former Patients Family Members Experience.....	26
Data Analysis.....	27
Former Hospital Staff Analysis.....	28
Mistreatment.....	28
Hospital Work Satisfaction.....	28
Attitudes Towards Hospitalization Effectiveness.....	29
Former Patients Family Members Analysis.....	29
Mistreatment.....	29
Hospital Satisfaction.....	29

Attitudes Towards Hospitalization Effectiveness.....	30
Demographics Analysis.....	30
Implications for Social Work Practice.....	30
Limitations.....	31
Summary.....	31
CHAPTER FIVE: TERMINATION AND FOLLOW-UP.....	33
Introduction.....	33
Termination of Study.....	33
Communication of Findings and Dissemination Plan.....	33
Summary.....	34
APPENDIX A: FORMER PATIENT FAMILY MEMBER SURVEY.....	35
APPENDIX B: FORMER HOSPITAL STAFF SURVEY.....	38
APPENDIX C: FORMER PATIENT FAMILY MEMBER INFORMED CONSENT.....	41
APPENDIX D: HOSPITAL STAFF INFORMED CONSENT.....	43
APPENDIX E: RECRUITMENT EMAIL/SOCIAL MEDIA POST.....	45
APPENDIX F: IRB APPROVAL.....	47
REFERENCES.....	49

LIST OF TABLES

Table 1. Participant's Demographics.....	22
Table 2. Former Hospital Staff Overall Experience Scores.....	25
Table 3. Percentages of Staff Experience.....	26
Table 4. Former Patient's Family Members Overall Experience Scores.....	27

CHAPTER ONE:

ASSESSMENT

Introduction

This chapter begins with a description of the research focus to recognize the experiences of the youth population who struggle with their mental health and who have had adverse experiences during psychiatric hospitalizations. Also, the critical theory paradigm is described and supported with an explanation of why it is the best approach to address the effects of youth mental hospitalization. Furthermore, it also provides a brief literature review that will cover contributors to the prevalence, history, methods of today, and existing preventative measures. Lastly, this section covers the study's potential contribution to micro or macro social work.

Research Focus

The focus of this study is to understand youth experiences of psychiatric hospitalizations as sources of coercion and punishment. Former patients' family members and former hospital staff were surveyed concerning adolescent mental health care and hospitalization approach. According to Nytingnes et al (2018), children are experiencing coercion that includes forced medication, holding, mechanical restraints, and seclusion. This author further explains that coercion is often linked to feelings of rejection, punishment, disempowerment, and the feeling of terror. This topic is very significant since it may imply that the youth

population is not getting the proper help and hospitalizations could be causing more harm than good. In addition, various stresses are rooted in inpatient treatment whether they are admitted voluntarily such as youth experiencing lower autonomy, unknown hospital settings away from family members, new hospital's structure, and regalements (Moses, 2011). For this reason, trying to better understand adolescent stressors and unhelpful experiences could be beneficial for mental health. This study seeks to explore the following: the youth's experiences through the perspectives of former staff and former patients' family members. The objective of this study is not only to provide youth with the information and tools to better advocate for themselves in the mental health system but also to pursue institutional change on behalf of mental health marginalized groups.

Paradigm and Rationale for Chosen Paradigm

The paradigm that was used in this research is Critical Theory. This paradigm was the best approach since the goal of this study was to raise awareness to empower youth and understand the actions that should be taken to develop new policies, treatments, and approaches for their mental health. Critical Theory aims to critique and change society. Furthermore, through critical theory, the researcher can acknowledge the ideology used to view the focus of the study (Morris, 2013). This is important because the researcher does not have to keep their values and biases under control and rather promote them to the

participants. Letting the participants know that there is a problem with psychiatric inpatient care can eliminate false consciousness and promote change (Morris, 2013). Additionally, the researcher takes action to empower those who are oppressed by those power relationships. Critical theory's nature of data includes quantitative and qualitative pieces of information gathered to document the impact of an ideology on a particular population and to identify and evaluate action steps that aim to empower those who are oppressed by that ideology (Morris, 2013). This paradigm is the best approach to address this topic because it is action orientated and helps advocate marginalized groups and provide subjective experiences that will raise awareness for the need of change.

Literature Review

Introduction

In this literature review, it is found that both children and adults experience mental illness with depression and anxiety being the most prevalent among youth. History has also shown that methods of treatment have come a long way, and older methods can be struck as unethical. Furthermore, there is little to no research that truly studies or focuses on adolescent experiences in psychiatric units. Even with psychiatric care advancements, the use of seclusions, restraints, and coercive medication are still used today leaving negative effects on patients.

Prevalence and Difference in Social Groups

Mental illness is a health condition that humans can experience regardless of their race, gender, culture, religion, or economic status. According to the National Alliance of Mental Illness (2022), just in the United States, 1 in every 5 adults experiences mental illness each year, and 1 in every 6 youth ages 6-17 experience a mental disorder every year (Mental health by the numbers, 2022). Furthermore, NAMI mentions that 64.5% of adults with mental illness received treatment in 2020 and 50.6% of youth ages 6-17 received treatment in 2016. Some of the most prevalent mental disorders among adolescents are anxiety and depression, which are the leading causes of suicide (Spencer et al., 2019). Youths experiencing these problems end up in need of psychiatric hospitalization as a way of mental health treatment (Lalayants, 2018). According to the Centers for Disease Control and Prevention, Boys are more likely than girls to experience mental disorders and children living below the poverty level (CDC, 2022). Moreover, in the study by Lalayants, et al (2018) where they examined adolescents ages twelve to nineteen, it concluded that the disorders that were associated with a higher risk of hospitalization were disruptive behavior disorders, bipolar disorders, schizophrenia, anxiety disorder, eating disorders, autistic and drug use. Mental health disorders affect not only adults but also children of all ages.

History

Psychiatric hospital treatments have come a long way and many treatments and behaviors towards patients that were considered appropriate before are now considered unethical. In the 17th Century mental health professionals used to mistreat patients by terrorizing them and using methods to inflict pain such as whips, chains, leg irons, iron rings, "mad shirts" ', cold showers, cathartics and even sedatives (Klein, 2011). At the time, these treatments used to be considered humane and with the sole purpose of treating mental illness as it was then understood.

Methods Used Today

History pushes a reevaluation of the methods used in psychiatric units today since there continues to be reports of the use of restraints, seclusion, and coercion. The first method to discuss that continues to be used in psychiatric hospitals today is the use of restraints. In *A Theory of Punishment* by Klein (2011), it mentions that restraints may include things like the use of strait jackets, camisoles, and wet-sheet packs. It also mentions that not only are restraints dangerous, but they are also unnecessary, humiliating, and degrading to people who may already suffer from depression or low self-worth.

Another method that is still used with patients is seclusion. According to Klein (2011) in a study consisting of former psychiatric patients, 1,040 patients

reported that they believed their seclusions to be inappropriate as they did not pose a threat to themselves or others. Furthermore, Klein mentions that staff admitted that the patients were being inappropriate but not dangerous. Which left the patients feeling that the staff's main motive was to control them. From the information stated before, it could be questioned whether the staff was using seclusion for the best interest of the patient or simply as a way of detaining unwanted behavior.

The last method that will be discussed is the use of coercion with psychiatric patients. In a study by Nytinges et al (2018) regarding experiences of coercion among adolescents in inpatient mental health it states that coercion, defined as the use of force or intimidation to obtain compliance (Dictionary.com, 2022), includes: restraints, seclusion, and medication. The study mentions that coercion is controversial as it may be considered necessary in some cases, to help with the recovery of the patient. Furthermore, it was found that the use of coercion is more prevalent towards younger adolescents. The patients that reported being subject to any of the coercive acts mentioned above, ranged between 30% for in New York to 6.5% for patients in Norway (Nytinges et al, 2018). While coercion might be considered necessary in some cases to help patients going through a crisis, it is important to understand the perspectives of those experiencing it and how that can ultimately cause a negative impact towards their overall mental health.

On top of the methods mentioned above, in a qualitative study conducted by Spencer et al (2019), it was found that adolescents experience distress in acute mental health inpatient units. Additionally, the study states that acute mental health inpatient units have been found to be unsafe and stressful environments that affect both the patients and the staff. From this statement, it can be concluded that the environment of psychiatric hospitals is in need of major changes as it may be affecting the recovery process of the patients.

Preventative Measures

While there are preventive strategies in psychiatric hospitals and there is general acknowledgement of the need to reduce coercive care, there is hardly any evidence of its effectiveness on larger scales. Sashidharan et al (2019) mentions some of the strategies to reduce coercion in clinical practice which include 'front loading' of services, independent patient advocacy, and more involvement of friends and family members. Sashidharan, et al (2019) also mentions that there is little research in this area and the absence of data creates a barrier to understanding the use of coercive approaches. Looking at the information stated in this section, it seems that coercive measures are embedded in psychiatric care dating back to the 17th Century and would require a radical shift in the way we view mental health to make a lasting change. In addition, there is a high need for more in-depth studies on coercion and subjective hospital experiences amongst mental health patients since the existing studies recognize

the lack of information there is on the subject. Lastly, there is a need for higher recognition on using more consensual approaches that protect patient's human rights in the mental health field.

Potential Contribution of the Study to Micro and/or Macro Social Work Practice

This study has the potential to contribute on a macro and micro level to social work practice. This research pushes social workers to critically examine institutions that are supposed to provide help for the youth of our communities but may be causing harm to patients. The research can also help at a macro level creating awareness to the policies changes necessary to make psychiatric hospitals safer and more prepared to support youth needs. The research can contribute on a micro-level by facilitating the empowerment that the youth population needs to advocate for better treatment. When young people are given a voice, they are also provided with self-esteem and self-efficiency, making it less probable that they will accept unfair treatment in the future. Youth patients put their trust in adults that are supposed to have their best interest above everything, and many children are being failed by the system.

Summary

Chapter one covered the focus of this study which is to take a closer look at the youth experience in psychiatric hospitalizations that are experiencing coercion rather than getting the supportive treatment they need. Also, the chapter explains the rationale for the critical theory paradigm and why it is the best theory

for this research. Next, it covered the literature review that included prevalence, history, and methods today and preventative measures. Lastly, it covered the theoretical orientation which includes the empowerment and advocacy theories and the potential contributions to macro and micro social work practice.

CHAPTER TWO:

ENGAGEMENT

Introduction

This chapter covers the study site that includes services, clients, and regions served, engagement strategies, which include identification of gatekeepers, self-preparation (discussing how the researcher will prepare for data collection), and diversity issues. Furthermore, the chapter also discusses ethical issues, political issues, and the role of technology in this study.

Study Site

This study was conducted to research former teenage patients from psychiatric hospitals in California through the perspectives of former staff and former patients' family members. Most of these hospitals are institutions that give inpatient services to children, adults, acute adults, and veterans who suffer from post-traumatic stress disorder and sexual trauma. These hospitals typically serve children, adolescents, and the elderly community. For the purpose of this study, the research focused specifically on the adolescent psychiatric units. The units are acute psychiatric facilities whose missions are to provide quality behavioral health care to the patients and the community they serve. The hospital's job is to stabilize and provide safety to the patients by offering evidence-based programs

that help with any mental health diagnosis and chemical dependencies and offer units of detoxification.

Self-Preparation

The researcher prepared by becoming knowledgeable about how to approach mental health with participants through online survey questions. It was important to know what type of questions were appropriate to ask participants and what could create harm in the process of attempting to do something positive. It was important to be sensitive to the suffering and experiences of those dealing with mental illnesses and emotional traumas. Additionally, the researcher was prepared for the different situations and conflicts that arose when connecting with former patients' family members and former staff. Most importantly, the researcher was mentally ready to read the negative experiences from participants and possible mistreatment.

Diversity Issues

One of the diversity issues is the difference in the way that cultures perceive mental health. Some individuals may not be comfortable speaking about mental health because it is seen as taboo. This can impact what former patients share or do not share with their family members who are surveying on their behalf. Furthermore, people might have had issues taking the time to take the

survey because their family members being in a psychiatric hospital is seen as something bad or negative.

Gender could've also created an issue as females tend to speak up about mental health issues more so than males do due to society's expectations or traditional gender roles that oppress males. According to Sharp et al (2020), men's resistance to seeking psychological help is often connected to normative masculinity characterized as self-reliance, stoicism, and emotional restriction. Furthermore, it also states that as a result, mental health issues are often overlooked or hidden and can go undiagnosed. Lastly, since snowball sampling was used in this research, there was a lack of knowledge whether the sample would accurately represent the targeted population.

To alleviate the concentration of participants through snowball sampling, the researcher posted the survey in different social work pages from different Counties. Furthermore, the researcher tried addressing mental health stigma by writing a non-judgmental description of the survey and the study.

Ethical Issues

There are some ethical issues that can arise while moving forward with the study of human subjects. The most important ethical concern was keeping the confidentiality of the former patients. Since this study's purpose is to raise awareness and help individuals share their experiences and stories, it can become an issue if participants become identifiable. Another ethical issue that

could arise is asking former patients' family members and former staff to relive traumatic events by possibly triggering questions about their hospital experiences.

One way in which a researcher approached these ethical issues was by being open, flexible, and honest with the people participating. The informed consent played a big role in alleviating these issues by informing participants that the survey was confidential and letting them know that they were able to withdraw at any given moment while taking their survey. Additionally, to create a level of protection against reliving traumatic memories, the researcher provided participants with a warning sign before proceeding to questions that contained sensible content with the option to proceed or terminate participation. Finally, the researcher made sure that the participants were aware of how they will keep their confidentiality by assigning a number to hide their identity and providing them with a step-by-step on how their information will be handled after being gathered. It is highly important for the participants to feel comfortable that their identity will not be revealed but also to be realistic about the possibilities.

The Role of Technology

Technology was used in the study from start to finish. Technology was used to get in contact with the participants through emails and phone calls and social media. Technology was also important to keep in contact with the researcher's advisor and the school while research was being conducted.

Furthermore, technology was used to collect and analyze data such as online survey tools and data analysis programs. Finally, technology was used to disseminate the researcher's findings on mental health and bring attention to the study with the hopes of promoting social changes.

Summary

Chapter two began with a description of the study site, which includes psychiatric hospitals in California. In addition, the chapter discussed engagement strategies and the researcher's self-preparation. Finally, the chapter also discussed diversity issues, ethical issues, political issues, and the role of technology in this study.

CHAPTER THREE: IMPLEMENTATION

Introduction

Chapter three begins with a description of the study participants and how they have been selected. Also, the chapter covers the sampling strategy that was used to gather the data. Next, it describes how the data was collected and the phases of data collection which include data recording and data analyses. This phase includes a description of the quantitative method and the type of questions that will be asked. Finally, this chapter discusses the termination of the study and the follow-up with the participants once the research is over and a review of the dissemination plan.

Study Participants

Eligible participants were former youth patient's family members, former hospital staff from the researcher's previous psychiatric hospital job, College students and anyone from the community who met the research requirements. Criteria for former patient's family members: being eighteen years or older, had an adolescent hospitalized within their immediate family. Criteria for former hospital staff: having more than 6 months of psychiatric hospital experience, no longer working for a psychiatric hospital. The commitment required from participants includes an online survey that would take fifteen to thirty minutes to complete and outreach to update participants and communities of the findings.

Selection of Participants

For this study all participants were selected using a snowball sampling technique to solicit respondents within the investigator's network who were former patients' families, and former staff. Furthermore, this technique was able to solicit participants within the general public's networks.

Data Gathering/Phases of Data Collection

The researcher gathered data through quantitative online surveys. Before moving forward with the survey, the former staff participants were asked to provide digital consent followed by an explanation of the purpose of the study, research description, participation, confidentiality, duration, risks, and benefits. The former staff survey consisted of nineteen multiple choice questions that were administered into two sections. The first section gathered former staff's demographics such as age, gender, ethnicities, and hospital experiences such as work satisfaction, and patient and hospital interactions.

Surveys for the former patient's parents or family members started after online consent was obtained. The consent was also followed with the explanation of the purpose of the study, research description, participation, confidentiality, duration, risks, and benefits. The former patient's survey was administered in two sections. The first section gathers their demographics that include things such as family members age, age of their patient, gender, ethnicity, and patient's diagnosis. The second part of the survey consisted of family members' personal

experiences such as patient care satisfaction, family member's perspective on patients' hospitalization process, and whether family members believed the hospitalization helped their patient.

Data Recording

Surveys were conducted and gathered via Qualtrics, an online survey tool. Participation in this study is confidential. Everything participants shared in the survey was private and was only shared with individuals involved in the research. All identifying information was excluded. Only researchers can identify the survey data of individual participants. Online surveys were downloaded onto a password-protected computer with password to secure documents. Any hard copies of the survey were labeled with assigned codes and immediately put away in a drawer located in the researcher's home. All data will be destroyed after three years. Finally, the data collected from the surveys and analyzed for further understanding.

Data Analysis

Data was mainly gathered through online surveys and analyzed as qualitative data. The researcher conducted a descriptive statistical analysis of demographic data to provide a profile of all respondents. Inferential statistics were completed to answer the research questions, which included various bivariate analyses. Data gathered from quantitative surveys was analyzed using SPSS statistic data editor. After analyzing the data, researchers were able to

compare the overall experiences of both the former staff and former patients' family members.

Termination and Follow-up

According to Morris (2013), this final stage of the project includes not only reporting and distributing findings but also reflection and celebration. All the mental health community, researchers, participants, and the social work community should celebrate the discoveries that can bring a deeper understanding about psychiatric hospitals. Due to the nature of this study the participants' participation will end once the findings are posted, giving them a chance to reflect, celebrate and validate their experiences. Participants were provided with Information of contacts in case they have more questions about the research. Finally, participants were notified how to access findings for future references.

Summary

Chapter three covered a description of who the study participants are and how they were selected. This section described the characteristics of possible participants of the study and the sampling strategy used to gather data. Next, it described how the data was collected and the phases of data collection including data recording and data analyses. This face includes a description of the quantitative method and the type of questions that will be asked through surveys.

Finally, this chapter discussed the termination of the study and the follow-up with the participants once research is concluded, and a review of the dissemination plan.

CHAPTER FOUR:

RESULTS

Introduction

This chapter begins with a description of the participants' demographics and the process of their recruitment. Furthermore, the chapter goes over the former psychiatric hospital staff and the former patient's family members' experiences according to the data collected from online surveys. The chapter provides a demographic chart that describes the age, gender, race/ethnicity, spoken/preferred languages, housing situation of former patients, staff employment position in hospital, County of employment, and total years worked. Also, the chapter includes graphs that provide a visual representation of the overall experience of both former staff and family members. Finally, the chapter discusses data analysis, implications for social work and limitations of the study.

Demographics

A total of two former patients' family members and twelve former psychiatric hospital staff were recruited during a period of four months (November 2023- February 2024). Fourteen participants completed an online survey that consisted of participant's consent, demographics, and their experience regarding adolescent psychiatric hospitalizations. Out of the former patient's family members, both were female, one was aged between 25-39 and

the other one was aged 40-60 during the time of their adolescent hospitalization. One participant identified their race and identity as white, and the second participant identified as Hispanic. Both family members reported their adolescents having the ages between 0-10 and living with the birth family at the time of their hospitalization.

Out of the twelve former psychiatric hospital staff, four participants were between the ages 18-24, six participants were between the ages 25-34, one participant was 35-44, and one participant was between the ages of 55-64 at the time of their last psychiatric hospital employment. Furthermore, seven staff participants identified as female and five as male. Seven out of twelve participants occupied the position of mental health workers, there was also one therapist, one social worker, one nurse, one counselor, and one maintenance technician. Most of the former staff participants worked in their last hospital employment between 0-5 years and only two participants worked between 6-11 years. Both surveys were formulated using Qualtrics and further analyzed using SPSS statistics data editor software. (For staff and family members demographic reference see Table 1.)

Table 1. Participant's Demographics

	Former Staff	Former Patients Family Member
Age		
0-17	0	2 (100%)
18-24	4 (33%)	0
25-34	6 (50%)	0
35-44	1 (8%)	0
55-64	1 (8%)	0
Gender		
Male	5 (42%)	0
Female	7 (58%)	2 (100%)
Race/Ethnicity		
White	6 (50%)	1 (50%)
Asian	1 (8%)	0
Native Hawaiian/Pacific Islander	1 (8%)	0
Other: Mexican, Latino, Hispanic, White/Hispanic	5 (42%)	1 (50%)
Spoken/Preferred Language		
English	12 (100%)	1 (50%)
Spanish	0	1 (50%)
At the time of hospitalization where was the family member living?		
Home	-	2 (100%)
Foster Care	-	0
Adoptive Family	-	0
Group Home	-	0
Position in psychiatric hospital		
		-
Therapist	1 (8%)	-
Social worker	1 (8%)	-

Nurse	1 (8%)	-
Mental health worker	7 (58%)	-
Other: Maintenance tech/group leader substance abuse counselor	2 (17%)	-
Hospital County Worked at		-
LA County	1 (8%)	-
Ventura County	7 (58%)	-
Riverside County	1 (8%)	-
San Diego County	1 (8%)	-
Other: San Bernardino/Basterfield	2 (17%)	-
How long did staff work at the facilities		-
0-5 (10) 83%	10 (83%)	-
6-11 (2) 17%	2 (17%)	-

Former Psychiatric Hospital Staff Experience

The findings of this study collected through online surveys showed that 25% of the total former staff participants had a good to excellent experience working in a psychiatric hospital and 75% of total former staff participants had poor to average experience. These percentages showed that a higher percentage of participants had a probability of reporting things such as lower work satisfaction, witnessing mistreatment to other staff, being pushed to do things that felt wrong, witnessing other hospital staff use seclusion, confinement, or medications because the adolescent patient was not following hospital's rules. (For reference see Table 2. And 3.).

Hospital Behavior Towards Adolescent Patients

When asked how often former staff witnessed mistreatment from other staff towards adolescents, five participants reported sometimes, three participants reported about half of the time, one participant reported always, and only one participant reported never. When asked if participants or other hospital staff had to use seclusion, confinement, or medications just because the adolescent was not following the hospital rules, one reported never and nine reported sometimes to always. Lastly, participants were asked if they felt services provided for adolescents in the inpatient psychiatric hospital were effective towards their mental rehabilitation; three participants answered “yes”, six participants answered “no”, and three participants answered with “most of the time”.

Hospitals Behavior Towards Former Staff

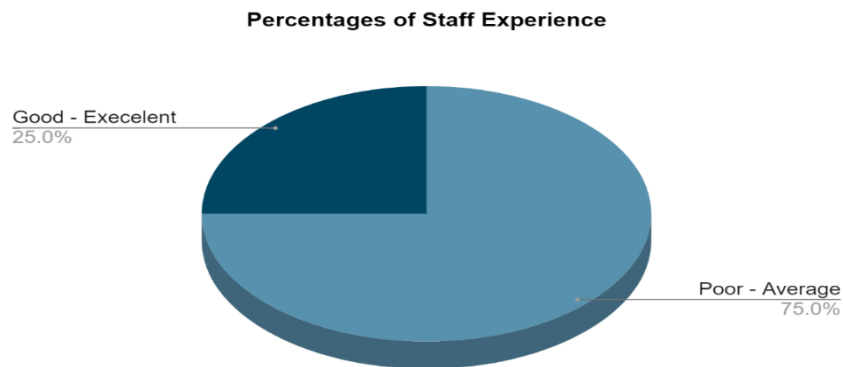
The survey also provided questions regarding the hospital's behavior towards former staff. Participants were asked how often the hospitals were understaffed and six participants reported “never”, three participants reported “most of the time”, two people reported “sometimes' ” and one person reported “rarely' ”. Also, participants were asked if they felt trained and capacitated by the psychiatric hospital to provide appropriate mental health services to adolescent patients and three reported to “strongly disagree”, two reported to “somewhat agree”, one participant “neither agreed or disagreed”, three participants “somewhat agreed”, and three participants “strongly agreed. Next, participants

rated their levels of satisfaction working in their last psychiatric hospital and two were “extremely dissatisfied”, six were “somewhat dissatisfied”, and four reported to be “somewhat satisfied”. Lastly, some of the reasons provided in the survey for leaving their position included low pay, staff being neglectful and disrespectful, mistreatment, overworked, feeling uncomfortable from witnessing mistreatment of staff and patients.

Table 2. Former Hospital Staff Overall Experience Scores



Table 3. Percentages of Staff Experience

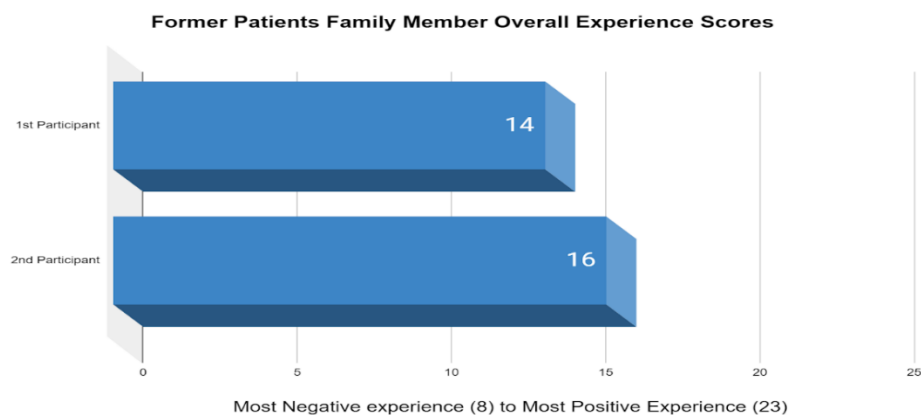


Former Patients Family Members Experience

The findings also showed that 100% of total family member participants had an experience that ranged between average to good overall experience of their adolescent psychiatric hospitalization (see table 4. for reference). The participants showed lower rates of satisfaction during visitation hours with one participant reporting to be “dissatisfied” and the other “neutral”. Both participants reported that they did not feel hospitalization helped their family member’s mental health, and also reported that they did not feel prepared/comfortable taking their family member home after being discharged. In addition, both family members reported their adolescent witnessing or being mistreated by staff, and one reported their family member experiencing feeling forced or threatened by staff with heavy medication,” being sedated to the point of being dysfunctional”. Furthermore, both participants reported “somewhat agreeing” to believing hospital staff being professional at all times. Lastly, when asked to share

anything about the psychiatric hospitalization of youth that could benefit other youth and families, one of the participants shared that “the minors/young adults became too comfortable in that environment. Things got worse as they taught each other bad habits and ways to return to the facilities.

Table 4. Former Patient’s Family Member Overall Experience Scores



Data Analysis

The data confirmed other studies done on adolescent hospitalizations in which reports of coercion and mistreatment were reported. Additionally, the research gave insight of the experiences that adolescents go through in psychiatric hospitalizations through the former staff and family members perspective. The data was analyzed according to the frequency in which participants experienced negative situations. The survey results provide the overall experiences of both the former psychiatric hospital staff and former patients' family members. The themes identified in the data were mistreatment

and psychiatric hospitals satisfaction, and attitudes about hospitalization effectiveness. Although the majority of participants did not report having a poor experiences, we can also see that the majority did not have good to excellent experiences. These research findings further demonstrate a need for improvements on attitudes and behaviors towards adolescent patients and hospital management in adolescent units on a micro, mezzo, and macro level.

Former Hospital Staff Analysis

Mistreatment

Most former staff participants reported doing things that they disagreed with and felt wrong doing, witnessed mistreatment towards adolescent patients, and reported the use of seclusion, confinement, or medications just because patients did not follow hospital rules.

Hospital Work Satisfaction

Not only that, but former staff also reported having low work satisfaction, being understaffed, underpaid, and experiencing mistreatment. Additionally, most of the former staff reported agreeing to not feeling trained or capacitated by the hospital to work with adolescents. Most former staff worked as mental health workers and reported working between 0-5 years before leaving their last employment. This could mean that working under undesirable environments and poor management could have affected the time of employment, staff work

performance/satisfaction that could eventually lead to negative impact on the services and behaviors towards adolescent psychiatric patients.

Attitudes Towards Hospitalization Effectiveness

When former staff participants were asked if they believed that hospitalizations helped adolescents' overall mental health, the majority selected “no” (6) followed by “most of the time” (3) and “yes” (3)

Former Patients Family Members Analysis

Mistreatment

The two family members who participated in taking the online survey reported having average to good experiences. Although they did not receive or witness mistreatment from hospital staff, both participants reported that their youth did report witnessing or experienced mistreatment from staff. The family members' higher experience scores could be due to not being able to be present for all their patients' hospitalization process.

Hospital Satisfaction

One family member selected “yes” when asked if they felt the hospital kept them informed about family members' process during their hospitalization, and the second family member selected “somewhat. One family member selected “yes” and the other selected somewhat” when asked if their questions and concerns were answered by hospital staff. Both family members did not feel prepared or comfortable taking their patient home after discharge. Finally, both

family members selected 'somewhat agree' when asked if they believed hospital staff were professional at all times.

Attitudes Towards Hospitalization Effectiveness

Regardless of family members not being able to witness all their patients' hospitalization process, both parents reported feeling that the psychiatric hospitalization did not help their former patient's mental health. Also, both parents rated their adolescent patient mental health the same before and after hospitalization.

Demographics Analysis

From the demographics data collected, it can be concluded that participants witnessed negative experiences in psychiatric hospitals across different counties. Meaning that these types of negative experiences are happening across many hospitals. Also, from the data collected we can see that the majority of participants held positions of mental health workers, making them the staff that work the closest to the patients on a daily basis. This could explain their higher percentages of negative experiences.

Implications for Social Work Practice

This study could have a major impact on mental health at a micro, mezzo and macro level. First, the findings can help social workers understand what type of policy changes are necessary to protect adolescent patients from punishment, coercion and also influence institutional change. If studies continue to show that

negative experiences are more common than not, then it is time to re-examine the attitudes towards adolescents' mental health, and the way psychiatric institutions train their hospital staff. Second, this study can help social workers to better advocate for the mental health and needs of patients in different communities and hospitals. Third, this study can give youth the power to self-advocate and advocate against oppression and unfair treatment during their inpatient psychiatric hospitalizations.

Limitations

One of the limitations of this study is that there was a small sample size and lower participation than expected. This study cannot be used to generalize or apply to larger populations, and it only confirms that adolescents do experience mistreatment and coercion. Another limitation is that researchers did not survey actual adolescent patients and the experiences were limited to what the family member knew or perceived and what the former staff reported. Lastly, the low number of former patient participants. There was not enough data to compare before and after hospitalizations of patient mental health.

Summary

Chapter four began with a description of the participants' demographics and the process of their recruitment. Furthermore, the chapter reported former psychiatric hospital staff and former patients' family members' experiences

according to the data collected from online surveys. The chapter provided a demographic chart and graphs that provide a visual representation of the overall experience of both former staff and family members. Finally, the chapter discussed data interpretation and implications for social work practice.

CHAPTER FIVE:

TERMINATION AND FOLLOW-UP

Introduction

This chapter is focused on the termination and follow up process after data has been collected. First, the researcher talks about the termination of study. Furthermore, the researcher continues to talk about how data communication takes place. Finally, the researcher talks about the dissemination plan of this research.

Termination of Study

According to Morris, 2013 this final stage of the project includes not only reporting and distributing findings but also reflection and celebration. All of the mental health community, researchers, participants, and the social work community should celebrate the discoveries that can bring a deeper understanding about psychiatric hospitals. Due to the nature of this study the participants' participation will not end until the findings are posted, giving them a chance to reflect, celebrate and validate their experiences. Information of who to contact if they have further questions and where to access findings for future references will be provided.

Communication of Findings and Dissemination Plan

The findings of this study will be informally sent to the pertaining participants through media post, emails, or hard copies. This study will also be

available digitally under Cal State University of San Bernardino Scholar works and will be available for other students and the social work community.

Summary

This chapter provided an overview of the termination and follow up process of this research study. Additionally, this chapter covered how the researcher will communicate the findings that will be available to all participants, students and social work community once published and posted. Lastly, the chapter talked about the dissemination plan and how participants will be updated on findings.

APPENDIX: A

FORMER PATIENT FAMILY MEMBER SURVEY

Former Patient Family Members Survey

Q1 Age of family members at the time of their last psychiatric hospitalization?

0-10
11-15
16-18

Q2 Your age at the time of adolescence's last psychiatric hospitalization?

18-24
25-39
40-60
60+

Q3 Gender

Male
Female
Non-binary
Prefer not to say
Other

Q4 Race/ethnicity (select all that may apply)

Black/African American
White
Asian
American Indian/Alaska Native
Native Hawaiian/Pacific Islander
Prefer not to say
Other

Q5 Language Spoken (select all that may apply)

English
Spanish
Chinese
Tagalog
Vietnamese
German
French
Other

Q6At the time of their last hospitalization, where was your family member living?

Birth family
Foster care
Adoptive family
Group home
Other

Q7 History of mental illness in family?

Yes
No

Q8 Diagnosis of family member hospitalized (select all that may apply)

Depression
Major Depression
Anxiety
Schizophrenia
Post-traumatic stress disorder (PTSD)
Attention Deficit Disorder (ADHD, ADD)
Other
Compulsive (OCD)
Autism Spectrum Disorder
Bipolar disorder
Border line personality disorder
eating disorder
Prefer not to answer

Q9 On a scale of 1-5, how would you rate your family member's mental health BEFORE their last hospitalization ((one being the lowest and five being the happiest)

1
2
3
4
5

Q10 On a scale of 1-5, how would you rate your family member's mental health AFTER their last hospitalization (one being the lowest and five being the happiest)

1
2
3
4
5

Q11Do, you feel hospital staff kept you updated and well informed about your family members' process during their hospitalization?

Yes
No
Somewhat

Q12 Did you feel like all your questions and concerns were properly answered by the hospital staff?

Yes
No
Somewhat

Q13 If you did attend visiting hours, how would you rate your visitation experience on a scale of 1-5? (one being the least satisfied and five being the most pleasant).

Extremely unhappy
Dissatisfied
Neutral
Satisfied
Extremely satisfied
Does not apply

Q 14 Would you say psychiatric hospitalization helped your family members' mental health?

Yes
No
Somewhat

Q15 Did you feel prepared and comfortable taking your family member home after their discharge and being able to help them to the best of your ability?

Yes
No
Not sure

Q16 In your opinion, do you believe all hospital staff members (e.g. doctors, therapists, nurses, social workers, psychologists) were professional at all times during your family members and your experience?

Don't agree at all
Somewhat agree
Highly agree

Q17 Is there anything you would like to share about the psychiatric hospitalization of youth that could help other youth and families?

Text entry:

Q18 The following three questions may contain sensitive content about possible patient mistreatment, do you wish to continue? (if you select no, survey will end)

Yes
No

Q19 Did your family member ever mention to you about being mistreated or witnessing others being mistreated by staff members?

Yes
No

Q20 During your visiting hours, did you ever witness staff mistreating other patients?

Yes
No
Did not attend visiting hours

Q21 Did your family member ever mention to you feeling forced or threatened by hospital staff with the use of heavy medications, seclusion, use of restraints, or other threats for not following the hospital or staff rules while their stay at the hospital?

Yes (what kind)
No

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Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • **SAN BERNARDINO** • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

This survey was created by Maira Ferrer-Cabrera

APPENDIX: B
FORMER HOSPITAL STAFF SURVEY

Former Hospital Staff Survey**Demographics****Q1 Your age while working in your last psychiatric hospital.**

18-24
25-34
35-44
45-54
55-64
65+

Q2 Gender

Male
Female
Non-binary/third gender
Prefer not to say
Other:

Q3 Your position working at the psychiatric hospital

Therapist
Psychologist
Social worker
Nurse
Mental health worker
Administration
Other:

Q4 Race/Ethnicity (select all that apply)

Black/African American
White
Asian
American Indian/Alaska Native
Native Hawaiian/Pacific Islander
Other:

Q5 What County was the last hospital you worked in?

Los Angeles County
Orange County
Ventura County
Riverside County
San Diego County
Other:

Q6 Preferred Language

English
Spanish
Chinese
Tagalog
Vietnamese
Other:

Q7 How long did you work for this facility?

0-5
6-11
12-17
18-24
25+

Your Experience**Q8 Rate your satisfaction level working in your last psychiatric facility**

Extremely dissatisfied
Somewhat dissatisfied
Neither satisfied nor dissatisfied
Somewhat satisfied
Extremely satisfied

Q9 While working at the psychiatric hospital, did you ever feel like you had to do things you disagreed with or that felt wrong?

Strongly disagree
Somewhat disagree

Neither agree nor disagree

Somewhat agree

Stringy agree

Q10 During your employment at the psychiatric facility, how often did witness mistreatment from other staff toward adolescent patients?

Never

Sometimes

About half the time

Most of the time

always

Q11 Did you or other hospital staff have to use seclusion, confinement, or medications just because the patient was not following the hospital's rules?

Never

Sometimes

About half the time

Most of the time

always

Q12 In your opinion, do you believe that psychiatric hospitalizations helped adolescent patient's mental health?

All the time

Most of the time

Rarely

Never

Q13 Were you or other staff members ever forced by a superior to break health and safety policies?

Yes

No

Q14 Did you feel trained and capacitated by the psychiatric hospital to provide appropriate mental health services to adolescent patients?

Strongly disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Stringy agree

Q15 Do you feel that the services provided for the adolescents in the psychiatric hospital were effective towards their mental rehabilitation?

Yes

No

Most of the time

Q16 How often was the psychiatric hospital understaffed during a week?

Never

Rarely

Sometimes

Most of the times

Always

Q17 Reason for leaving the last psychiatric facility you worked at.

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This survey was created by Maira Ferrer-Cabrera

APPENDIX: C

FORMER PATIENT FAMILY MEMBER INFORMED CONSENT

Former Patient Family Member Informed Consent

The study in which you are being asked to participate is designed to investigate Former adolescent psychiatric hospitalizations. This study is being conducted by Maira Ferrer-Cabrera under the supervision of Prof. Armando Barragan, PhD, MSW Associate Professor, College of Social and Behavioral Science, California State University, San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The Purpose of this study is to collect data through a survey in which you can rate your experience of when your family member was an inpatient at a psychiatric hospital. Your participation is important in order to learn how to improve the services that children and adolescents receive in the future.

DESCRIPTION: If you decide to participate you will be provided a link to an online survey. The survey will be broken down into two sections. The first section will cover your demographics (age, gender, ethnicity, diagnosis etc.). The second part will consist of your personal experience such as hospital observations and hospitalization satisfaction.

PARTICIPATION: Your participation is completely voluntary, and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

CONFIDENTIAL: Your participation in this study will be confidential. Anything you share in the survey will be private and will only be shared with people involved in the research. Researchers will be the only ones able to identify the survey data of individual participants. Online surveys will be downloaded onto a password-protected computer and a password will also be provided to secure documents. Hard copies of the survey will be labeled with assigned code and immediately be put away in a secured cabinet or drawer located in the researcher's home. All data will be destroyed after two years.

DURATION: The online survey consists of twenty multiple choice questions. This survey should take you approximately 15-30 minutes to complete.

RISKS: A possible risk for your participation might be remembering about a difficult experience at the time of your relative's hospitalization(s). This may cause discomfort or might make you experience negative emotions. To mitigate the possibility of a negative reaction, a question in the survey will ask if you wish to read and potentially answer three of these questions. If you select no, the questions will be skipped all together. Ultimately, you are not obligated to answer any question you don't feel comfortable with and you can withdraw from completing the survey at any moment.

BENEFITS: There will be no direct benefit for participants, but your participation and experience can provide researchers with a better understanding at a family's experience while having a loved one in a psychiatric hospital. This can help the mental health system improve treatments and services to the youth population.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragan at (909) 537-3501.

Confirmation Statement

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

APPENDIX: D

FORMER HOSPITAL STAFF INFORMED CONSENT

FORMER HOSPITAL STAFF INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate Former adolescent psychiatric hospitalizations. This study is being conducted by Maira Ferrer-Cabrera under the supervision of Prof. Armando Barragan, PhD, MSW Associate Professor, College of Social and Behavioral Science, California State University, San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The Purpose of this study is to collect data through a survey in which you can rate your experience during the time that you worked at the psychiatric hospital. While many adolescents have positive experiences when they stay in psychiatric hospitals, there are others who don't. It is important to voice your experiences to learn how to continue to improve the services that children and adolescents receive in the future.

DESCRIPTION: If you decide to participate you will be provided a link to an online survey. The survey will be broken down into two sections. The first section will cover your demographics (age, gender, ethnicity, diagnosis etc.). The second part will consist of your personal experience such as work satisfaction, and patient and hospital observations.

PARTICIPATION: Your participation is completely voluntary, and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

CONFIDENTIAL: Your participation in this study will be confidential. Anything you share in the survey will be private and will only be shared with people involved in the research. If this is the case, any identifying information will be excluded. Researchers will be the only ones able to identify the survey data of individual participants. Online surveys will be downloaded onto a password-protected computer and provided to secure documents. Hard copies of the survey will be labeled with assigned code and immediately be put away in a secured cabinet or drawer located in the researcher's home. All data will be destroyed after two years.

DURATION: The online survey consists of seventeen multiple choice questions. This survey should take you approximately 15-30 minutes to complete.

RISKS: A possible risk for your participation might be remembering about difficult situations while working in the hospital. This can cause discomfort or might make you experience negative emotions. You are not obligated to answer questions you don't feel comfortable with, and you can ask to stop the survey at any moment.

BENEFITS: There will be no direct benefit for participants, but your participation and experience can provide researchers with a better understanding of what is happening in adolescent psychiatric units. This can help the mental health system improve treatments and services to the youth population.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at (909) 537-3501.

Confirmation Statement

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

APPENDIX: E

RECRUITMENT EMAIL/SOCIAL MEDIA POST

Recruitment Email /Post

To whom it may concern,

My name is Maira Ferrer-Cabrera, and I am a third-year Social Work student. For my research, I have chosen to conduct a study about former adolescent psychiatric patients. This study aims to learn about adolescents; experiences in psychiatric hospitals and to better understand.

how mental health institutions can grow to provide better services and interventions for the youth population. This study not only also aims to learn more about the negative or positive experiences of former adolescents, but also about former patients, family members and former psychiatric hospital staff.

To participate in this study, you must be a family member of a patient who had at least one hospitalization and were between the age of eight and seventeen during their last hospitalization, or a former adolescent psychiatric employee who has a minimum of six months of experience working in a psychiatric hospital.

The study will consist of virtual surveys. Surveys consist of multiple-choice questions and will take 15-30 min to complete.

If you meet the criteria provided above and would like to participate in this study, please contact me using
The information is provided below.

Thank you,
Maira Ferrer-Cabrera

Former patient family member link:

https://csusb.az1.qualtrics.com/jfe/form/SV_1TjhWEUkTCrpReS

Former psychiatric staff member link:

https://csusb.az1.qualtrics.com/jfe/form/SV_0kMQMiQiNXdY3ae

APPENDIX: F
IRB APPROVAL



October 12, 2023

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2023-282

Armando Barragan Jr. Maira Ferrer
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Armando Barragan Jr. Maira Ferrer:

Your application to use human subjects, titled "Former Adolescent Psychiatric Hospitalizations" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. You can find the modification, renewal, unanticipated/adverse event, study closure forms in the Cayuse IRB System. Some instructions are provided on the [IRB Online Submission webpage](#) toward the bottom of the page. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**
- If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2023-282 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

King-To Yeung

King-To Yeung, Ph.D., IRB Chair
CSUSB Institutional Review Board

KY/MG

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