Rapid Response Report: Summary of Abstracts

TITLE: Residential Services for Youth with Complex Needs: Clinical Evidence and Guidelines

DATE: 06 September 2011

RESEARCH QUESTIONS

1. What is the clinical evidence regarding the effectiveness of residential services in the management and treatment of youth with complex needs including mental health or cognitive disorders?

2. What are the evidence-based guidelines regarding the use of residential services in the management and treatment of youth with complex needs including mental health or cognitive disorders?

KEY MESSAGE

Evidence is limited and further research is needed regarding the effectiveness of residential services in the management and treatment of youth; however treatment within residential facilities seems to result in behavioural and developmental improvements and fewer psychiatric hospitalizations. Evidence-based guidelines recommend that other intensive therapies are preferable to residential services.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2011, Issue 8), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. Methodological filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies and guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2006 and August 19, 2011. Internet links were provided, where available.

Disclaimer: The Rapid Response Service is an information service for those involved in planning and providing health care in Canada. Rapid responses are based on a limited literature search and are not comprehensive, systematic reviews. The intent is to provide a list of sources of the best evidence on the topic that CADTH could identify using all reasonable efforts within the time allowed. Rapid responses should be considered along with other types of information and health care considerations. The information included in this response is not intended to replace professional medical advice, nor should it be construed as a recommendation for or against the use of a particular health technology. Readers are also cautioned that a lack of good quality evidence does not necessarily mean a lack of effectiveness particularly in the case of new and emerging health technologies, for which little information can be found, but which may in future prove to be effective. While CADTH has taken care in the preparation of the report to ensure that its contents are accurate, complete and up to date, CADTH does not make any guarantee to that effect. CADTH is not liable for any loss or damages resulting from use of the information in the report.

Copyright: This report contains CADTH copyright material and may contain material in which a third party owns copyright. This report may be used for the purposes of research or private study only. It may not be copied, posted on a web site, redistributed by email or stored on an electronic system without the prior written permission of CADTH or applicable copyright owner.

Links: This report may contain links to other information available on the websites of third parties on the Internet. CADTH does not have control over the content of such sites. Use of third party sites is governed by the owners’ own terms and conditions.
The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

Two systematic reviews, three non-randomized studies, and three evidence-based guidelines were identified pertaining to residential services in the management and treatment of youth with complex needs. No relevant health technology assessment reports or randomized controlled trials were identified. Additional information that may be of interest is included in the appendix.

OVERALL SUMMARY OF FINDINGS

Overall, authors of included studies described a need for more research with respect to the use of residential services in the management and treatment of youth with complex needs including mental health or cognitive disorders.1,5

Evidence from systematic reviews and meta-analyses suggests that behaviour-therapeutic models and family involvement in treatment are most likely to produce positive outcomes for youth in residential care1 and that although individual studies don’t often show significant effects, pooled analyses show cognitive behavioural therapy to be helpful within a residential facility.2

The authors of the included non-randomized studies found few differences between models of care within youth residential facilities.3-5 Overall, youths in residential care receiving a treatment intervention (e.g. psychiatric liaison services,3 aggression replacement training,4 behavioural modification5) experienced more positive outcomes than those who did not. One study found that fewer than 10% of youths in residential care experienced a psychiatric hospitalization and that those receiving psychiatric liaison services had fewer admissions and shorter hospital stays.3

The identified evidence-based guidelines included the following recommendations:

- Residential facilities may provide safety for youth with oppositional defiance disorder (ODD), however they do carry risks such as institutional victimization.7
- Residential facilities treating females with antisocial personality disorder should consider the high likelihood for psychiatric comorbidities in this population and should help motivate all patients to attend treatment while in residential care.6
- Intensive in-home treatment,7 multi-system therapies,7 and adequate community based interventions8 are preferable to residential treatment for youths with ODD7 or other mental health needs.8
- Continuity of care should be encouraged when youth are admitted to residential mental health facilities.8
Although the included information is pertinent to youths, no specific age range was mentioned in the abstracts. Refer to the full text articles or guidelines for more information.
REFERENCES SUMMARIZED

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses


Randomized Controlled Trials
No literature identified.

Non-Randomized Studies


Guidelines and Recommendations


APPENDIX – FURTHER INFORMATION:

Non-randomized studies


Additional references


