

EDITORIAL

Inpatient Child Psychiatry Research: Time to be more Experimental

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I am delighted that in this issue we are able to publish an article on an inpatient population. Inpatient care is one of the most expensive but least researched services in our field. The article by Nixon et al. (2021), in this issue, explores the relationship between admission patterns and periods of time that may be associated with disruption in sleep patterns (e.g. on- and off-set of school semesters and daylight saving periods). Data relevant to similar and a wider range of important questions about inpatient services are increasingly available as hospitals continue to move toward fully electronic health records. However, mining such data alone are not enough, there is also a need to invest in experimental designs to advance our understanding of this expensive component of child mental health services.

Further consideration of the barriers to methodologically rigorous inpatient research is warranted. The acuity and severity of illness and the undervaluing of experimentation (for example, randomization to different treatment arms) are likely barriers to advancing knowledge to direct more systematic implementation of evidence-based services. This results in the current state of affairs in which risks and benefits remain essentially unaddressed.

Unfortunately, there are very few examples of experimental designs (e.g., randomized controlled trials [RCTs]) that incorporate aspects of inpatient services in child mental health. A small but relevant literature considers intensive outpatient services as an alternative to inpatients and has been examined in a few RCTs (Kwok et al., 2016). Carefully designed and analyzed non-experimental studies may also shed light on the impact of aspects of inpatient treatment (e.g., Carlson et al., 2020). Whether service decision-makers are considering such evidence is unknown. Given

the lack of evidence that services are deeply rooted in evidence and that outcomes undergo ongoing scrutiny suggests not.

This issue also includes data on other populations with severe illness who may require a period of hospitalization. Giri et al. (2021) provide a synthesis of reports on children with Anti-N-Methyl-D-Aspartate Receptor (NMDAR) encephalitis. Our Commentary section includes ideas on approaching severe or refractory pediatric OCD which may include a hospital stay to manage complex psychopharmacological treatment (Hardy & Walkup, 2021). This commentary responds to findings and treatment approaches on a cohort of inpatients with pediatric OCD published in our last issue (Fung et al., 2021a). The original authors weigh back in with their critique of this new commentary in this issue (Fung et al., 2021b). Finally, in our Clinical Case Rounds, contributors present details on the systematic treatment of two cases of avoidant restrictive food intake disorder and autism spectrum disorder that involved, in addition to outpatient care, a period of treatment in hospital (Burton et al., 2021).

Check out a number of other articles in this issue on other child mental health populations. Also, our Arts, Literature & Nature column is back this issue. Please take a look and consider whether you have a submission for this column. Finally, see the link to the supplement to this issue which contains all the abstracts from the recent 41st Annual Canadian Academy of Child and Adolescent Psychiatry Virtual Conference.

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