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Teenagers In Hospital – Are they the Forgotten Age?

Nicky Everett

Within any NHS Hospital the staff will encounter people from all walks of life, all with different cultural backgrounds, upbringings, different ethnicities, and genders, and importantly for this chapter, a variety of age groups.

When a child is particularly unwell, they are likely to be admitted to hospital and they will be treated in a paediatric ward or outpatient department. During this admission, children will be looked after by trained and qualified paediatric staff. As for adults, they will be admitted to a specific or specialised adult unit, and this will be staffed with trained and qualified adult nurses, doctors, physiotherapists, dieticians etc. However, if you are a teenager/adolescent, aged between 13-18 years where do you go? This age group does not sit comfortably within paediatrics, as teenagers do not really see themselves as children anymore, but in the same context they are not quite adults either. There seems to be a gap in the research around the needs of adolescents in hospital (Blumberg & Devlin, 2006), so this chapter will examine life for teenagers within a hospital setting and explore where they fit in, during a stressful and unsettling time in their life, even prior to a hospital admission.

What is adolescence?

Adolescence is the transition period between childhood and adulthood. Between the ages of nine and 21 years, girls and boys start out as children, mentally and physically, and end the phase as adults (Hopkins, 2014). Rupp & Yantis (2021) suggest adolescence is divided into three stages, early (ages 12-14), middle (ages 15-17) and late (ages 18-21). During these stages each young person will develop and mature at their own rate. Often this phase is associated with turbulence ... risk taking, rebelling, seeking independence and pushing boundaries. *“Adolescence is one of the most dynamic events of human growth and development, second only to infancy in terms of the rate of developmental changes that can occur within the brain.”* (Araín, et al., 2013, pp.451). Over the past 25 years, through Magnetic Resonance Imaging (MRI) there has been extensive research around the adolescent brain (Araín, et al., 2013) examining how within this stage the brain is still ‘under construction’. When thinking about a hospital admission, this can have implications for rehabilitation and intervention (Costandi, 2014). Development does not stop at childhood it continues into adolescence and we continue to change in both predictable and unpredictable ways throughout our lifetime, even into old age (Kuther, 2019).

Erik Erikson, a developmental psychologist, maintained that personality develops in a predetermined order through eight stages of psychosocial development, from infancy to adulthood (Mercer, 2018). Through the transitional years Erikson examined crisis points that an adolescent may encounter which they must face and resolve (Keenan., et al, 2016), this stage was labelled as a period where young people entered a crisis point of *Identity v Confusion* as adolescents strive to discover who they are. Erikson believed that the formation of identity and a sense of self was one of the most important conflicts people face (Walker & Horner, 2020). Alongside this he examined the potential unfavourable outcomes for young people during this time, which he identified as a young person having some confusion over who and what one really is (Sacco, 2013). Throughout this adolescent period, young people are trying to gain more independence within their life away from their main caregivers, their bodies are changing, friendships are often being tested, suddenly they must start thinking about their future, drugs and/or alcohol may be introduced and there may be relationships developing. Combine all of this with a hospital admission or a diagnosis that could mean extensive periods of time spent in hospital, and a young person may suddenly find themselves in turmoil.

Adolescents in Hospital

Entering a hospital, can be a scary and daunting time, which carries a huge amount of uncertainty, regardless of the patient's age. As identified by Erikson, the potential confusion within the adolescence stage, could mean that being admitted to hospital may have a huge impact on how they deal with certain situations, as some young people can often give the impression of possessing adult logic and coping skills (Blumberg & Devlin, 2006), when in reality, that is not always the case. An admission could result in a young person becoming more vulnerable and suddenly feeling they have lost any independence they had, becoming more reliant on their caregivers than usual and with increased time in hospital, friendships or relationships may start to decline which can have a real impact on a young person's mental health.

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Personal Reflection

I worked as a youth support coordinator on a Teenage Cancer unit for just over 8 years. Initially when a young person was diagnosed, they were often surrounded by friends coming to visit them on the ward, but as time went on these friendships seemed to dwindle and the young person in hospital then spent a lot of time watching their friend's enjoying life through social media. However, on the flip side, some young people would ask their friends not to visit, and slowly pull away. This was down to how they felt about themselves and their appearance, they felt that they had changed and no

longer looked the same as they did. This was often down to their hair loss or because they had gained weight due to the impact of steroid treatment. Some young people needed support with their weight loss and calorie intake, so they had a nasal gastric (NG) tube fitted, which is taped to their cheek, and they didn't want their friends to see this, becoming very self-conscious. I was often told by the female patients that the worst part of their diagnosis was their hair loss, and the build-up to this happening brought about more stress than the treatment itself.

Lefevre (2010) discussed how professionals should be communicating with young people. She explains that some older young people can find discussing private and sensitive issues uncomfortable or embarrassing, with the adolescent years being a time of heightened self-consciousness. Young people have expressed how when speaking to professionals they want that individual to be confident in discussing topics around such things as sexual health, mental health, substance misuse or relationships (Lefevre, 2010), i.e., the issues that young people often face during adolescence. In respect of this, being admitted to a unit that is not specifically for adolescents can cause further stress and anxieties.

Across the UK, wards and departments that are explicitly for adolescents do not exist. This is with the exception of those attending a Teenage Oncology Ward, where with help and funding from The Teenage Cancer Trust (a body external to the NHS), designated units and staff are available for teenagers during their cancer treatment. The Teenage Cancer Trust (2021) states: *"Our 28 specialist units within NHS hospitals bring young people aged between 13 and 24 together, to be treated by teenage cancer experts in a place designed just for them"*.

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Personal Reflection

These teenage specific wards give young people a place to be themselves alongside other young people of a similar age. They have Day Rooms to hang out in, with Sky TV, gaming stations, pool tables, comfy chairs, and an amazing juke box (funded by the Teenage Cancer Trust). They also have a Youth Support Coordinator on these units who is there to support and make the hospital feel a little less scary. They provide the opportunity to socialise and meet other patients on the ward, in a space that is not as clinical, but more like a youth club. Through taking time to chat, playing cards or just having breakfast with the young people in a relaxed way, it was clear to me that they felt able to talk more freely about their concerns, worries regarding treatment, and generally issues concerning their future.

Having separate wards with staff skilled in working with adolescents, would enhance the experience for these young people, creating more of a therapeutic environment, which would be beneficial for all of those admitted (Macfarlane & Blum, 2001). However, Macfarlane and Blum (2001) wrote that the need for this is difficult to prove and there have been no controlled studies undertaken to show such an impact; this was however, over 20 years ago and lots has changed in this time, and little has been done to fill this void in the research.

For the purpose of this chapter, I spoke to four young adults who were all admitted and treated in hospital during their adolescent years. I asked them to tell me how it made them feel when they were admitted to a children's ward during their time in hospital while undergoing treatment. These are their responses ...

Response A – *“It just made me feel more different than I already felt. I almost felt babied, and the staff were lovely, but you could tell they were not used to looking after a 17-year-old. It was hard not having people to chat to who understood what it was like being a young adult in hospital.”*

Response B – *“Having the teenage ward was amazing and made the whole experience so much easier. I will always be really grateful for that ward.”*

Response C – *“Glad we had the ward ##, we could all relate to each other without having to start explaining how we felt or what we were going through, and no one felt sorry for each other.”*

Response D – *“I found that the day started a lot earlier than the teenage ward, which was annoying as I could not get as much sleep due to staying up later. Also, there was no place to go during the day but the playroom, which was full of toys for the younger kids and not much for me to do. The play team who came round also only catered for the younger kids. I felt out of place being surrounded by kids much younger than me, whereas when there are teenagers around it gives you the chance to talk to them, make friends and share with them what you're going through.”*

In theory the Health Play Specialist (HPS) role will work with children and young people from 0 to 18 years, and from my own experience and from speaking to others, this can be a challenging balance. Some wards do try and provide a specific teen area for them to 'hang out' in, away from the

playroom. However, on discussion with fellow HPS staff this room will often be used for meetings or what is often labelled 'The Bad News Room'.

Response 1 – Southern England

"We have no separate space for teens ☹️, I think we do have resources for them, but limited and contained to their own bedspace.

Teens are mixed in with all ages in the bay".

Response 2 – West Midlands

"On our children's wards we don't have a specific area for teens, they are with all ages".

Response 3 – Southwest

"Our teenagers end up mixed in with all ages in the bay. We lost our teenage room as it was needed to be used for other things".

Play is often seen as something that only children engage in (Powell, 2022). Some of the HPS staff above, also commented on how teenage engagement was not always great from the young people during their time on the ward ... "I am happy working with teenagers. However, sometimes they just want to be on their phones, have a DVD or play on the Nintendo switch" (Response 3 - Southwest). However, linking this to the comments made by the young people it appears that they do not always feel comfortable engaging while on a 'children's ward' surrounded by children and toys. Young people may not acknowledge that they still want to play and may not recognise their engagement as play. However, through play teenagers continue to develop, which enhances their communication, cooperation and negotiation skills (Whitaker & Tonkin, 2021).

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Personal Reflection

I was often asked how I enjoyed working with teenagers, "are they not just in bed all day" and "when they are awake are they not just really stropky." No, they are not always, would be my response!

Play was a big part of my role as a YSC, a game of cards (usually Shit Head), nibbles and a hot chocolate, often got most teenagers of bed. This gave me the opportunity to engage with them in a way that did not feel forced. While playing cards you do not need to look at each, you don't always have to talk either, but often lots of talking did happen and through play this was a safe place to do so. Young people who find it hard to share their feelings or concerns, will often talk more when they

are relaxed and feeling like they are choosing to have that conversation, as opposed to being in a consultation style planned meeting, which happened often for these young people. So, in answer to the initial question, I loved my job.

For a young person during these adolescent years and from my own personal work experience, having access to a designated young person's ward is so important, for their own wellbeing and mental health. Having the opportunity to access a ward or unit with professionals who understand you is important for us all, so why should it be any different for teenagers?

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