



The experience of adolescent inpatient care and the anticipated transition to the community: Young people's perspectives



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ABSTRACT

This study explored adolescents' perspectives of inpatient mental health care, focussing on aspects of the inpatient environment they anticipated would help or hinder their transition back home. Semi-structured interviews were conducted with 12 adolescent inpatients; transcripts were analysed thematically. Participants experienced inpatient treatment as offering a mix of benefits (e.g., supportive relationships) and drawbacks (e.g., living in a "fake world"). They anticipated the transition home as providing opportunities for personal growth and consolidation of new coping skills, but also posing challenges concerning re-entering the "real world" after the experience of being "wrapped in cotton wool". Self-determination theory and attachment theory offer two potential frameworks for understanding these opportunities and challenges. Inpatient care has the potential to foster key mechanisms for adaptive development, creating a platform for developing positive future behaviours. Community teams should work closely with inpatient units to support the generalisation of the young person's newly acquired coping skills.

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Introduction

Adolescent inpatient treatment aims to reduce risk, or severity, of long-term psychopathology through the provision of an intensive therapeutic environment (Hanssen-Bauer et al., 2011). Ongoing debate exists about the advantages (e.g., 24-h assessment and support) and disadvantages (e.g., high costs) of inpatient treatment (Green, 2006), which is arguably complicated further for the adolescent population. Firstly, significant events, such as hospitalisation, can disrupt the negotiation of key tasks (e.g., increasing autonomy, relationship development) inherent to the transition to adulthood (Erikson, 1968). Secondly, stigma surrounding mental health issues is common in this age group (YoungMinds, 2010), and has been reported as particularly prominent within the adolescent inpatient population (Martin, Pescosolido, Olafsdottir, & McLeod, 2007).

Despite government initiatives emphasising the importance of listening to service-users' accounts (e.g., Every Child Matters, DfES, 2004), few studies have elicited adolescents' views of inpatient care. Overall, these studies present a mixed picture. For example, surveys report that young people value the availability of staff and relationships with fellow inpatients

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(e.g., Tas, Guvenir, & Cevrim, 2010), yet also find many aspects unhelpful, such as boredom and the emphasis on “problems” (Street & Svanberg, 2003). Qualitative studies also indicate mixed experiences. The development of coping strategies and the experience of ‘containment’ have been reported as benefits of inpatient treatment (Hepper, Weaver, & Rose, 2005); however, two recent qualitative studies reported mostly negative experiences, including feelings of restriction and disconnection from friends and family (Haynes, Eivors, & Crossley, 2011; Polvere, 2011).

Whilst the small body of qualitative research on inpatient treatment has begun to provide a nuanced account of adolescents' experiences, an important area that has not been addressed is the transition from inpatient care to the community following discharge. The extent to which the adolescent successfully reintegrates into their home environment following intensive therapeutic treatment is likely to have far-reaching implications in terms of their subsequent development and recovery (Green & Jones, 1998). Risk of readmission is high and the type of aftercare has been found to be a strong predictor of readmission (Fontanella, 2008). Moreover, findings from a large-scale UK follow-up study revealed that a quarter of adolescent inpatients had not received any of the services recommended at discharge (Green et al., 2007). Understanding the transition back to the community and how the young person will generalise and sustain the inpatient treatment gains is therefore crucial.

This qualitative study aimed to extend previous research by focussing not only on adolescents' perceptions of the benefits and drawbacks of inpatient care, but on their expectations about the transition back home. Specifically, it focused on adolescents' perceptions of the aspects of inpatient treatment that would help or hinder this transition.

Method

Methodological approach

A qualitative approach was chosen because it enables complex aspects of human experience to be studied, including individual beliefs and interpretations of events (Barker, Pistrang, & Elliott, 2016). Semi-structured interviews were conducted in order to capture the potential complexity and variability of participants' experiences.

Recruitment and participants

The research took place at three adolescent psychiatric inpatient units in London. Seven units were originally identified, based on their delivery of generic, as opposed to disorder-specific, adolescent inpatient care. Three units declined to take part in the study because of competing demands on the young people's time, including involvement in other research projects; one unit did not respond.

The units differed in their treatment approach, with unit 'A' offering more of a therapeutic environment and longer admissions (three months average stay) compared to units 'B' and 'C', which offered more crisis-led services with shorter admissions (one month average stay).

Current inpatients were eligible if they met the following criteria:

1. Aged 13–18 years.
2. A minimum of two months admission (in order to ensure sufficient experience of inpatient stay).
3. No symptoms of active psychosis and no significant learning disability or developmental disorder.

Eligible adolescents were identified by members of the care team at the respective inpatient unit. Where possible a purposive sampling strategy was employed in order to recruit a heterogeneous sample. Recruitment ceased when little new information emerged from the interviews and a rich data set capturing the young people's experiences had been obtained (Strauss & Corbin, 1998). Written information about the study and consent forms were given to each participant, and a separate information sheet and consent form was given to their parents/carers.

Of 19 eligible adolescents, four declined to take part; the main reason given was not feeling sufficiently emotionally stable to talk about their experiences. Of the 15 who consented to participate, three were discharged before interviews were undertaken.

Table 1 presents characteristics of the 12 participants. The mean age was 16 years 3 months; seven (58%) were from a White ethnic background, three (25%) Black and two (17%) Asian. Eight had more than one mental health diagnosis and three had experienced a previous inpatient admission. The mean length of stay was just under three-and-a-half months (mode: two months).

Ethics

Ethical approval was obtained from an NHS Research Ethics Committee.

Data collection

A semi-structured interview schedule was developed based on published guidelines on qualitative methodology (Smith, Flowers, & Larkin, 2009). The schedule was used flexibly; open, non-directive questions were used to limit the influence of the

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