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The ward as emotional ecology: Adolescent experiences of managing mental health and distress in psychiatric inpatient settings

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ABSTRACT

Previous research on young people's satisfaction of inpatient services has often relied on the responses of carers and relevant practitioners. It is difficult to ascertain to what extent such reporting accurately represents the satisfaction levels of young people, with emerging research suggesting wide discrepancies. As part of a wider study evaluating the effectiveness of a Supported Discharge Service (SDS) operating within South London & Maudsley NHS Foundation Trust, this paper examines how young people experience inpatient services, on a social and emotional level. Twenty young people, (10 SDS and 10 TAU) participated in a semi-structured visual-interview study to examine their experiences of admission, ward-life and treatment. A thematic decomposition analysis was conducted on the data and specific themes relevant to satisfaction and engagement with inpatient services was examined in-depth. These include a) Behavioural surveillance as care surrogate and b) Managing the delicate emotional ecology of the ward: openness, triggering, sterility and relational engagements. Finally, we explore some of the implications of these inpatient experiences for supported discharge services.

1. Introduction

This research is one component of a larger study evaluating the effectiveness of a Supported Discharge Service (SDS) operating within South London & Maudsley NHS Foundation Trust (SLaM). This service offers a period of intensive community or day service treatment beginning at inpatient admission and continuing for up to 12 weeks following discharge. This approach aims to improve the clinical outcomes of adolescents discharged from inpatient services while reducing the length of acute inpatient admissions and the likelihood of readmission (Ougrin et al., 2014). Of particular note here is the transitive aspect of the SDS model, which presently rests on the assumption that rapidly exchanging the landscape of the hospital for those of the home and community will be of benefit to young service users. Though the existing literature finds little difference in clinical outcomes for adolescents between short- and long-term hospital stays (Bloom, 2000), there is a scarcity of research exploring how adolescents subjectively experience inhabiting these unusual spaces (Biering, 2010). In order to fully understand what supported discharge might mean to young people, it is crucial to examine their experiences of the therapeutic landscapes that exist within adolescent inpatient treatment.

Current research seeking to evaluate young people's understanding of inpatient services typically utilises ‘consumer satisfaction questionnaires’, which aim to establish a quantifiable measure of inpatient experience (Brown et al., 2012). Regrettably this area of research is beset by a number of methodological problems, perhaps the most significant of which is its reliance on the assumption that survey data can successfully capture the nature and meaning of satisfaction for young people specifically (Williams, 1994). Many such studies, for example, focus exclusively on input from parents and carers, rather than the young people themselves (Moses, 2011), a practice which ignores the growing body of evidence demonstrating how parent/carers’ and young people's criteria relating to ‘satisfaction’ can be vastly different (Dogra, 2005; Ford et al., 2011). It is not uncommon for self-reported ratings of satisfaction to not, or to only weakly, correlate with other aspects of the treatment process that are considered important. These include measures such as clinically rated reductions in symptoms, and impact on functioning (Garland et al., 2003), individual patient characteristics (Bjorngaard et al., 2008) and parent/carer reports of whether change has been experienced (Stacey et al., 2002). Furthermore, it is troubling to note that consumer satisfaction surveys often restrict respondents to a set of pre-defined answers precluding discussion of negative experiences. It is perhaps then unsurprising that

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research using these tools often finds feedback to be consistently positive, yet lacking indication of how services could be improved (Bettmann and Jasperson, 2009).

1.1. The Hospital Setting

Psychiatric hospitals (formerly asylums) represent 'reasonable' societies' response to the presence of those exhibiting the 'unreasonable' behaviours associated with mental illness. In the UK, the encroachment of capitalistic ideologies in the wake of the industrial revolution engendered the attachment of negative moral claims to perceived states of inactivity or idleness, and so those whose madness inhibited their ability to produce, particularly the poor, became considered troublesome to the social order (Parr and Davidson, 2009). The role of the inpatient unit has historically been to eliminate this problem through mechanisms of *embarkation* and *confinement*: Psychiatric hospitals would ensure that those experiencing madness were not only transplanted, but unable to return of their own volition, so that society might continue its business uninterrupted (Foucault, 1967; Giddens, 1987). Asylums came to be designed with this primary directive of distanced spatial confinement in mind, and subsequently tended to be placed in rural areas far removed from urban centres (Philo, 1987), imparting a sense of secrecy and otherness to these spaces that, in tandem with their mysterious residents' supposedly immoral and unpredictable natures, served as foundation to a profound stigmatisation of patient, staff, and place that persists to the present day (Angermeyer et al., 2017; Parr et al., 2003; Parr and Davidson, 2009).

The removed nature of the psychiatric unit serves a further purpose as a demarcated space of refuge for those who cannot presently tolerate the demands of society, in particular urban living, and require a period of peace and recuperation (Curtis et al., 2007; Smyth, 2005). This sense of sanctuary is dependent upon the hospital affording patients agency with regards to social interactions: Sharing hospital spaces can engender a beneficial social climate in which service users can support one another's personal and communal growth (Moos, 1997), and young people specifically identify supportive relationships with staff and peers as being the among the most positive aspects of inpatient treatment (Freake et al., 2007; Biering, 2010; Moses, 2011). However, the constitution of the ward as a place of refuge requires the presence of non-social spaces within the hospital setting to which service users can retreat in order to access space and privacy (Curtis et al., 2007; Parr et al., 2003). Presently, it would appear that these needs are not being met for adolescent inpatients, who identify a requirement for more privacy from staff and the presence of quiet/prayer rooms on inpatient units (Moses, 2011; Tulloch et al., 2008).

The psychiatric ward then can be said to exist within a point of discursive tension between these differing sociocultural understandings, one constituting the ward as a place of confinement, permanently removing an immoral and perhaps dangerous being from a society that will be unfettered by its transplantation (Foucault, 1967), and another invoking ideas of sanctuary and rehabilitation through healing (Philo, 1987; Cromby et al., 2013). Just as community acceptance of former inpatients is largely dependent on those communities' symbolic understandings of the 'mad' (Clark and Dear, 1984), the symbolic nature of the ward-place as understood by its staff, residents, and their communities is of importance to young people's formation and understanding of their own identities, both pre- and post-discharge (Casey, 1993; Manzo, 2003).

1.2. Adolescent Inpatients

The environment in which mental health treatment takes place holds significant implications for a treatment's success and the broader wellbeing of service users accessing that site (Curtis et al., 2007; Gesler et al., 2004; Urbanoski et al., 2013), though the mechanisms underlying this are not currently well understood. Proposed influential factors in inpatient settings include the ward atmosphere, respect given to service users, levels of surveillance, and social interactions with peers and staff (Brunt and Rask, 2007; Curtis et al., 2007; Jörgenssen et al., 2009). According to traditional quantitative reporting, young people's inpatient admissions appear to be a broadly effective intervention for treatment of a range of mental health challenges, with the majority of patients experiencing sufficient improvements in 'measured' functioning following brief hospitalisation, to being discharged back into the community (Bettmann and Jasperson, 2009; Tulloch et al., 2008).

Qualitative reports of satisfaction with these spaces, however, tend to be more mixed. Young people report experiencing inpatient environments as being particularly inflexible and unresponsive to their needs, at times not addressing issues that the patients themselves view as important, as doing so would not fall strictly within the confines of the ward rules (Marriage, Petrie and Worling, 2001; Moses, 2011; Tulloch et al., 2008). Young people broadly feel they are afforded little choice or autonomy by adults in helping profession, an issue compounded by the fact that the staff are strangers who inhabitng an unfamiliar environment, often far removed from family, friends, and other aspects of 'homeliness' (Curtis et al., 2007) that support wellbeing (Freake, Barley and Kent, 2007; Gusella, Ward and Butler, 1998). In attempting to understand these unusual places, young inpatients routinely invoke metaphors such as 'fake spaces' or 'alternate realities' into which they are transplanted while everyday life continues in their absence (Gill, Butler and Pistrang, 2016; Haynes, Eivors and Crossley, 2011).

It is well understood that mental health stigma has a strong presence in adolescent populations, and appears to be more strongly experienced by those who have received inpatient treatment (Martin et al., 2007; Moses, 2014). However, research rarely addresses the youth stigma that members of this population often find themselves required to negotiate in inpatient settings. Young people experiencing mental health crises in the UK must contend with a political climate that increasingly attempts to problematise and control (particularly working-class) youth (McDowell, 2009; Wright and Ord, 2015). Mirroring the capitalistic concerns that construct those experiencing madness as troubles-to-be-removed (Foucault, 1967), British institutional discourse surrounding the detention of youth identifies adults as being duty-bound to restore morality to the young (Fergusson, 2007; Muncie and Hughes, 2002). This institutionalised ageism presents itself within professional-client relationships on the ward. Research indicates that young inpatients' opinions regarding their treatment are only deemed valid by staff when deemed 'age-appropriate', with communication styles falling outside of these bounds then problematised or silenced (LeFrançois, 2007).

This qualitative study aimed to expand our understanding of adolescents' experiences of the inpatient environment with a particular focus on relationships formed with peers, staff, and the space itself. This study expands on previous research, on the mutual constitution of lived experiences of distress, and material-psychological space (McGrath and Reavey, 2013, 2016; Brown and Reavey, 2015). Specifically, it focused on differences in young inpatients' ideas of self when on the ward than in the community, and how these were experienced as an (accompanying) aspect of treatment.

2. Methods

2.1. Participants

A total of 20 participants were recruited from a supported discharge group (SDS - N=10) and a treatment as usual group (TAU – N=10). The qualitative project was discussed with participants at six months follow up assessment in the wider SITE trial, and conducted on dates shortly following to avoid participant fatigue. Participants invited had

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