

## Editorial

# Facilities for adolescents in our health service

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Adolescence is a naturally occurring time of transition and in some cases, turmoil. The persons in these teenage years, are neither children in the true sense of the word nor are they fully fledged adults. They are growing physically and are maturing mentally. Somatic illnesses may affect them just as in other age groups. Furthermore, due to problems of adjustment to the many demands of these formative years, they have distinctive psychological problems. It would not be an exaggeration to note that these individuals thus have very special needs. Perhaps, it is now the time to look closely at the amenities offered to adolescents in our health service.

There is general agreement the world over that the services afforded to teenagers in hospitals leave a lot to be desired. The Royal College of Nursing in the United Kingdom recognises that one of the main dilemmas for adolescents is to be admitted to either an adult ward or to a children's ward<sup>1</sup>. They are frightened by the illnesses of patients around them in the adult wards and very poor facilities are offered to them in the children's wards. Only 8% of the United Kingdom Health Authorities had specifically designated adolescent wards while 16% offered facilities for adolescents in the children's wards.

In a nationwide survey of all French Public Paediatric Wards<sup>2</sup>, it was noted that adolescents accounted for more than 10% of all admissions in over half the paediatric wards. 73% of these wards admitted persons up to 18 years but only 16% had beds kept specially and specifically for adolescents. However, the majority of these wards had multidisciplinary networking to attend to the many and varied needs of the adolescents.

In an Irish survey of all paediatricians<sup>3</sup>, 30% of those who responded said that they looked after patients up to 15 years while 59% treated those up to 18 years. 11% saw patients even over 18 years.

How do the adolescents themselves respond to the facilities extended to them in hospitals? A questionnaire based study in north London primary schools<sup>4</sup> noted that 53% of the adolescents who were admitted to the hospitals felt out of place in a

paediatric ward. Even more importantly, 81% felt very uncomfortable in an adult ward. 77% of the responders suggested that a specific teenagers room would be an improvement to the services provided.

In an Australian study<sup>5</sup>, adolescents were generally satisfied with the services provided for them in paediatric hospitals but they expressed concerns regarding the physical characteristics of the wards, the day to day organisation of the facilities and lack of privacy. They were also uneasy that they were not involved in the planning of treatment for themselves.

In a study undertaken in Stoke-on-Trent in England, the adolescents studied had very clear views regarding the services they wanted from the Health Service. 85% felt that there should be health related services specifically for young people<sup>6</sup>.

It seems to be clear that in many parts of the world, services provided for the adolescents fall short of expectancy from the point of view of the medical care givers as well as that of the teenagers. In Sri Lanka, the upper age group cut off point for the paediatric units of the entire country is 12 years. Adolescents over 12 years are cared for and admitted to adult medical and surgical wards. In addition, there is no provision of specified ambulatory care or specialised psychiatric services for teenagers.

It is definitely the appropriate time now to consider the provision of Adolescent Wards in our hospitals to cater to the special needs of teenagers. The upper age limit of admission to these units would be open to discussion and may be fixed at 16 or 18 years. Paediatricians are generally conversant with the problems of this age group and it would be prudent to have them in direct charge of the patients. However, many of the problems that affect these patients would require multidisciplinary approaches and close collaboration of adult physicians, surgeons and psychiatrists would be an essential and mandatory requirement for the successful management of these patients.

These wards should be so designed as to provide privacy to those admitted as well as companionship

to the same individuals with peers in the same setting and at the same time. The staff would necessarily have to openly discuss treatment options with the teenagers and try to reach a consensus on the best possible approach. This in effect, means that it would be essential for these wards to be managed by specifically trained staff. Perhaps in our country, a start could be made by initiating such a facility in the Lady Ridgeway Hospital for Children in Colombo, the largest children's hospital in the world.

As it was pointed out in the Presidential Address of the Sri Lanka College of Paediatricians in September 2000<sup>7</sup>, the establishment of such units is a crying need for our country. At the end of the day, it would be totally undesirable to have an important section of our population like the adolescents and indeed, their parents and relatives, being dissatisfied with the facilities offered to these youngsters in the health services of this country. Our aim should be to please wherever possible and towards this end, and as far as teenagers go, the time to act is indeed ripe, right now.

#### References

1. Royal College of Nursing Press Release. All beds are not the same. RCN Congress March 2000.
2. Cafilisch M, Alvin P. Management of adolescents in paediatric hospitals: A national survey. *Arch. Pediatrics* 2000; **7 (7)**: 732-7.
3. Greaney H. Provision of adolescent services by Irish paediatricians. *Irish Med J* 1998; **91(3)**: 3-5.
4. Kari JA, Donovan C, Li J, Taylor B. Teenagers in hospital: What do they want. *Nursing Standard* 1999; **13(23)**:49-57.
5. Black W, Sawyer M, Fotheringham M. Paediatric hospital services: Are we satisfying our adolescent patients. *J Qual Clia Pract* 1995; **15(3)**:161-167.
6. Oppong-Odiseng ACK, Heycock EG. Adolescent health services - through their eyes. *Arch.Dis.Child* 1997; **77**: 115-9.
7. Fonseka EAN. Presidential Address Sri Lanka College of Paediatricians 2000.

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