Adolescent mental health facilities

Health & Medicine, Mental Health

Adolescent Mental Health Facilities An adolescent is defined to be someone who has undergone puberty but has not yet reached full adulthood. This time usually begins at the start of middle school. It is a very stressful time for most adolescents because of all the changes going on around them. Not only are they dealing with social stresses, but things at home might not be all right. They may be starting to use drugs, or even worse they could be addicted already. Sexual pressure also starts to become a more frequent stressor. These problems may not seem to be the end of the world for adults, but it can cause severe damage physically and mentally, to an adolescent. More and more teenagers are encountering tough situations that drive them to have mental disorders. In extreme cases going to a mental health facility or psychiatric ward of a hospital is the best thing one could do to help these adolescents. The problem is that there are not enough facilities like that for teenage sufferers. More adolescent psychiatric wards or mental health facilities need to be built solely for the overwhelming number of teenagers with mental disorders. The first mental health facility in the United States opened in 1773 in Williamsburg, Virginia. By 1832 there were 32 facilities, and those that were mentally ill in jail and almshouses were being moved into these places. In 1930 the US finally established a division called the Narcotics Division to bring together research on drug addiction and metal disease and how to prevent and treat both of these problems. In the 40's during World War II there was a shortage of mental health personnel. It got so bad that federal action had to be taken. There was a proposal for a mental health program and from that came the National Mental Health Act of 1946. After President Truman signed this act a significant amount of money was

put towards the research and education of mental illnesses. All the money and research lead to the founding of the National Institute of Mental Health in 1949. Also in 1949 lithium was discovered to reduce the symptoms of bipolar disease, but the FDA did not approve the drug until 1970. Congress authorized the Mental Health Study Act of 1955. Then in 1956 they also appropriated $12 million to the research of psychopharmacology. In 1965 there was a major improvement in mental health care. The improvements included, " Construction and staffing grants to centers were extended and facilities that served those with alcohol and substance abuse disorders were made eligible to receive grants" (Van Loon). Another grant was also given to advance the research of children's services. Then in 1981 the Mental Health Study Act of 1955 was replaced by the Alcohol, Drug, Abuse, and Mental Health block grant. In June of 1999 President Clinton held a conference on mental health while the nation awaited the Surgeon General's report on mental health. Then in October 2000 President Clinton signed the Children's Health Act that, " establishes national standards that restrict the use of seclusion and restraint in all psychiatric facilities that receive federal funds" (Van Loon). Presently President Bush is conducting more research in what the nation can do to better mental health facilities. The process of being admitted to a mental health ward or hospital is the same for adolescents and adults. A potential patient goes to the emergency room. The person may go on his own will or be brought there by the police because he is a threat to himself. The person then gets all his or her vital signs checked by the nurse. After that the crisis unit takes the person into a room and a social worker conducts an interview. The questions he or she asks are aimed at

determining if the person is experiences the symptoms of a mental illness. According to Davis things the interviewer needs to ask himself include, " Does this patient have the potential for self-harm? Might this patient have a potential possibly harm him or herself? If self – harm is possible what is the probability of self – harm, and what are the circumstances, degree of lethality and imminence involved?" (1983, p. 148). After the social worker takes notes on the interview with the person he speaks with the psychiatrist on call and tells him what kinds of answers he got from the interview. Based on what the psychiatrist thinks and with some input from the social worker a decision is made to either keep the person over night in the crisis unit to calm down or to be admitted into a ward to receive treatment. Either way the person's blood is taken to be checked and a urine test is done. All of the person's belongings are taken and stored until the day the person is released from the hospital, whether it is the next day or a week later. When the psychiatrist determines that a person needs to be hospitalized a search for an open bed on a psychiatric ward is conducted. Once an opening is found the patient needs to sign papers accepting to be admitted, and if he or she refuses to sign he or she may be committed legally. The statistics of mental health facilities in the United States overall are surprising. The number of beds available in all types of psychiatric hospitals went from 215000 in 1980 to 8500 in 2002 (U. S. Census, p. 111). In total in 1980 there were 534000 hospitals and by 2002 the number decreased to 477000 (U. S. Census, p. 111). The average number of days spent in a psychiatric hospital in 2002 was 7. 1 days (U. S. Census, p. 113). Of these numbers a very small amount of these wards are solely for adolescents. According to Gorski, " The ‘ kids in

crisis,' those suffering from full-blown psychiatric crises, wait for hours in emergency rooms for psychiatric assessment only to be told no treatment resources are available" (2001). Children and adolescents are also sometimes put on a wait list where they may stay for months before something opens up for them. Sometimes they are put in a pediatric ward until something is found or else they are just discharged without receiving treatment. It is estimated that five to ten percent of children have mental health disorders, and out of those about sixty percent do not get the treatment they need (Gorski, 2001). In 2001 children ranging in age from 5 – 24 reportedly committed suicide 4, 160 times out of 39, 346 deaths according to the U. S. Census Bureau (Statistical Abstract, p. 82). It is also estimated that there will be 5000 adolescent suicides in a year and another 250, 000 will attempt suicide (Davis, 1983). There are many mental health diseases that adolescents encounter. Many parents and caregivers do not consider some of these to be serious issues, but if they are not taken seriously they may lead to more serious things in the future. Another problem is that the caregiver may not realize or be aware that this behavior is going on. Some problems young people may have include alcohol use, drug use, emotional disorders, eating disorders, serious antisocial behavior, and suicide or self-harm. Alcohol use amongst teenagers has been on the rise. More and more teens feel that drinking is not something serious and use it as a form of recreation. These adolescents do not realize all of the harm they are causing their bodies. One problem of drinking is becoming alcohol dependent , and that requires hospitalization. Another condition they may develop is liver cirrhosis which can cause seizures, nausea, and

gastrointestinal bleeding. On a less serious level, the teen may drink too much and become dizzy, be too ill to go to school, temporary memory loss, hangovers, and headaches. In addition to all these health factors, " young people who drink heavily are also more likely to smoke tobacco, to use illicit drugs and to engage in other potentially risky behaviors" (Aggleton, Hurry, Warwick, 2000). If the situation with the adolescent gets serious enough hospitalization will need to occur to keep the individual from consuming alcohol and becoming psychologically dependent on the drug. Lastly a very serious problem that can arise from alcohol is the risk of driving while under the influence. Most teens are new and inexperienced drivers who think that they will be able to drive after a couple beers. This can lead to life threatening injuries or even death. Even though there is a large amount of information available to teens about the negative effects of drugs they continue to use and abuse them. The most commonly used drugs among teens include alcohol, marijuana, and tobacco. All of these drugs severely impair the individual taking them to make good decisions. Most drugs are also psychologically addicting and cause drastic changed in the person. Some health risks that come from drugs include high blood pressure, heart disease, restlessness, hallucinations and paranoia. Some teens may have a stroke or heart attack after only one use of the drug. Other drugs that adolescents will sometimes abuse are cough and cold medications. These drugs are harmless when taken in the right dosage; however, overdoses can cause paranoia, brain damage and even death. Teens take these drugs to try to escape the world they are in at the moment. The adolescents do not realize that even after the effects of the drugs are gone the problems still

remain. Another problem that adolescents face that is hard to notice is emotional. Some of the signs of emotional disorders include panic attacks, nightmares, and social withdrawal. Panic disorder and bipolar disease are two of the mental illnesses that fit into the category of emotional stress problems. When a person has panic disorder he or she may encounter unexplained attacks or anxiety or fear. They only last a few minutes, but it may become a serious problem. The physical symptoms include chest pain and the feeling that one is choking. The person may not ever want to return to the place where this panic attack occurred. With bipolar disease, the person has symptoms of many different diseases. They might experience episodes of depression. More symptoms include disturbance of sleep, low self-esteem, decreased appetite, and perhaps suicidal thoughts. With either disorder is it hard for an adolescent to do well in school. These children often find it hard to believe that life will be good and need to be taken seriously if suicidal thoughts should arise. Eating disorders are another huge source of disease in adolescents. The two prevalent eating disorders among teens are anorexia and bulimia. With either disease the person do not like the way his or her body looks. With anorexia the person pretty much stops eating all together. If the person is a female her period will stop as well. With bulimia the person eats nothing or just a small amount and from time to time binges then vomits or takes laxatives to control their weight. These diseases are most prevalent in teenage girls, but there have been cases of it in boys as well. The damages that eating disorders cause are serious. The bones and internal organs are damaged. They may also experience anxiety and depression. They have poor concentration and start to withdraw from their

friends. If a person has either of these disorders it is essential for them to get medical help. There is a risk of death involved with eating disorders as well. Violence is the number one topic of adolescent antisocial behaviors right now. This is where all the school shootings discussions lead to. All people use violence as a way to control others so that they can get what they want. Violence is a learned behavior. Things that attribute to violence are peer pressure, the need for attention or respect, childhood abuse or neglect, witnessing violence in the home or through the media, and easy access to weapons. Children are greatly influenced by what they see on television and movies. The best thing one can do to keep their child from becoming violent is screen what they watch. Some warning signs that a child may have violence problems include loss of temper on a daily basis, frequent physical fighting, vandalism or property damage, drug or alcohol use, plans to commit acts of violence, hurting animals, and making anything into a weapon. Also people who were bullied are also potential candidates to commit acts of violence. If these signs are persistent the person or someone close to the person needs to seek help. If a bad situation with a violent person arises the police should be notified and the person may be taken to the hospital for some aggression counseling. Suicide is the third leading cause of death among adolescents. Teens see suicide as their only way out of their problems. The attempt at suicide or the actual suicide may be triggered by one single event. Signs that someone is suicidal can be easy to tell, but there are some that are less easily noticeable. Some that are more obvious include obsession with death, suicidal threats, and poems, letters, or drawings that refer to death. Some of the less recognizable symptoms

include change in personality or appearance, strange behavior, sense of feeling guilt, change in sleeping and eating patterns, drop in grades at school, and giving belongings away. Steps one should take in dealing with suicidal teens are first to just offer to help and listen to what they have to say. Talk with them and let them talk about their feelings. The next thing is to break confidence if it is necessary. Ask direct questions and make sure that there is more talking than silence. Then one should seek the help of a medical professional. Everyone close to the individual should then be notified of the situation. All of the warning signs should be taken seriously. All of these things also indicate there may be another problem with the adolescent and that is depression. It is hard to detect depression in young people because often they overreact when things do not go their way, but it is serious and more prevalent than most people think. According to the National Mental Health Association, " recent surveys indicate that as many as one in five teens suffer from clinical depression" (1997). Symptoms of depression include withdrawal from friends, grades in school drop, changed in eating and sleeping, lack of concentration, low self-esteem, hopelessness, and rage. These teens may experiment with drugs and alcohol and engage in promiscuous sexual activity. The acts only cause them deeper depression, but they do not realize this until after it has already caused them harm. " It is extremely important that depressed teens receive prompt, professional treatment," said the National Mental Health Association (1997). Therapy helps these teens a lot because it teaches them how to cope with stress in better, healthier ways. Medication may also be prescribed for these individuals because the problem may be biological. There are other options

besides hospitalization for troubled teens. However inpatient care provides many benefits that other options cannot. Inpatient care provides complete medical attention and care for injuries that may have come from the attempted suicide. Some teenagers try to hide their injuries or self-medicate themselves. Every injury on the body is found and treated. The adolescent is also questioned about where the injury came from so there is nothing that they can hide. The second benefit that the adolescent receives is that he or she is removed from the stressful environment that was the cause of their illness. Just taking the adolescent out of the stressful environment gives them a chance to calm down and think about what has been going on. Another benefit would be that there is control over the individual so there can be no self-harm. All of the patients are carefully watched by the staff in the psych unit. All sharp objects are taken away. Every thing that the patient brings in gets checked and certain objects are only allowed to be used at certain times. Also multiple people make assessments of the patient's progress. There are group leaders, a psychiatrist, and nurses all making observations and assessments of how much the person has or has not improved since being in the hospital. The patient is also under 24-hour watch by all of these individuals. Any time the patient needs support someone is always around to talk. Also they are with children who have similar problems to them and that makes them feel more comfortable to open up to their peers. They do not get the chance to isolate themselves from all forms of relationships. Patients are required to attend scheduled groups everyday with peers and listen to what everyone has to say. Through these groups they find out that they are not the only person feeling the way they do. While

at home their parents may not seem to understand them, the adolescents feel like here they are understood and cared about. All meals are eaten together at the same time. Goals are made everyday to work towards getting better. Also the patient sees a psychiatrist at least once a day. He or she determines what type of medication, if any, is needed. This is different from outpatient treatment because with outpatient treatment the patient only sees the psychiatrist about once a month. It also allows for a more planned outpatient care plan. It is also decided whether the patient should go back home or go live somewhere else where there is less stress and more of a chance of recovery. Berman and Jobes say, " In one follow-up study of hospitalized children and early adolescent suicide attempters, less than half were living at home at the time of the follow-up, which was, on average, 18 months post discharge" (1992, p. 180). Adolescents experience more problems than adults are willing to admit. The United States has come a long way with improving mental health facilities and what is done to help children who experience mental illness, but more needs to be done. Statistics show that more children need help now and there are fewer facilities than in the 1980s. Current action is taking place, but more needs to happen. There are more than just the illnesses mentioned above that need to be taken care of. Children should not need to stuck in crisis units because of lack of beds at mental facilities. We have enough places for adults to go. Children and adolescents have the same problems adults do, but the same facilities are not available. Some may argue that there is enough outpatient care around that we do not need anymore inpatient wards, but there are many more benefits of inpatient care. It helps to make a better recovery for adolescents

and the people who live with them. If a child has appendicitis or he or she can get immediate treatment for that disease, so why should it be any different for children who experience mental health diseases such as depression? References Aggleton, P., Hurry, J., Warwick, I., (Eds.). (2000). Young People and Mental Health. West Sussex, England: Wiley. Berman, A. L., & Jobes, D. A. (1992). Adolescent Suicide Assessment and Intervention. Washington, D. C.: American Psychological Association. Davis, P. A. (1983). Suicidal Adolescents. Springfield, Illinois: Charles C. Thomas. Gorski, T. T. (2001, August 7). War on Drugs Linked to Gaps in Mental Health Services for Children. Retrieved May 2, 2005 from http://www. tgorski. com/news_analysis/war%20on%20drugs%20linked%20to%20gaps%20in%20mental%20health%20services%20for%20children%20010709. htm. National Mental Health Association (1997). Adolescent Depression: Helping Depressed Teens. Retrieved May 2, 2005 from http://www. nmha. org/infoctr/factsheets/24. cfm. U. S. Census Bureau (2004). Statistical Abstract of the United States 2004-2005. Lanham, MD: Bernan Press. Van Loon, J. A. Detailed History of Mental Health. Retrieved May 1, 2005 from http://www. mnpsychsoc. org/history%20appendix. pdf.