

Development of the 'Body and Mind' Healthy Lifestyle Program for Adolescents

Liz Coleclough
PHASE Symposium
May 13, 2011

Project Introduction & Overview

- Health education program at Spring Grove Hospital in Catonsville, MD
- Participants include inpatient adolescents, present on the ward to receive psychiatric evaluation.

Approach

- Original program goals focused on nutrition and exercise.
- Based on the high-risk nature of this population, health education objectives expanded to include additional topics, such as:
 - Sexual Health / Puberty / Sexual Abuse / LGBT
 - Nutrition and Exercise / Body Image / Eating Disorders
 - Self harm / Suicide
 - Substance Abuse
 - Self Esteem / Personal Relationships

Approach

- This holistic approach combines with a strategy that attempts to capitalize on creativity and interactivity, while utilizing a peer education format.
- Volunteer adolescents form a small group to learn about and discuss a health topic, which they can next present to a larger group.
- An activities component supplements the peer education to enhance the level of interactivity in the program. Activities include:
 - Yoga / Meditation; Dance; Cooking; Art / Craft; Music Therapy

Limitations and Challenges

- The program has confronted several challenges in the course of its development:
 - Many of the adolescents have been court ordered for the evaluation. Their backgrounds include detention, abuse, histories of emotional and behavioral difficulties, mental illness, etc. Each youth faces a different set of issues and problems.
 - This presents an extremely challenging target population.

Limitations and Challenges

- The detention-level nature of the ward presents an enormously restrictive environment. Possibilities offered in a typical school / program setting may not be present at Spring Grove.
- Adolescents are not allowed to leave the premises. They have no control over their nutrition, and have limited opportunities for exercise. This prevents them from acting on lessons learned in health education sessions.
- A final challenge includes the high turn-over rate at the hospital. Because Spring Grove is an assessment facility, youth reside on the ward for only a short time. This period is also often unknown, as the length of stay is determined by the courts. Neither adolescents nor staff will learn of the judge's decision until their court date. They may return to detention, go to a group home, go to a guardian, or continue a longer stay at the hospital. Therefore, it is important for the program to remain flexible to a constantly changing and unpredictable group of participants.

Discussion

- The structure of the program has shifted over the course of the project, as it adjusts to the limitations and obstacles present at the hospital.
- Success of the intervention depends largely on the development of a strong relationship and high level of trust between the health educator and the youth.
- One-on-one sessions, and small groups (consisting of no more than 3-4 youth) seem to be the most effective in facilitation of health education.
 - Larger groups encourage disruption among the youth. Smaller sessions allow the curriculum and discussion to cater more directly towards the specific needs of the participating adolescents.

Discussion

- The peer education strategy has had varying levels of success in implementation. Success has depended largely on the specific youth involved, both as peer educator and audience members.
 - Among youth, who are too disruptive to allow for the peer education strategies, one of one or small group health education has shown to be a better strategy for information delivery.
- The adolescents appreciate the heightened level of creativity and interactivity offered in the group. However, it is important that the health educator maintains control of the discussion, to prevent the session from moving off topic. A balance is necessary.

Discussion

- This project will continue past the PHASE course to expand development of the program. This includes:
 - further development of the activities component
 - integration of peer education theater and plays
 - establishment of a more formal and comprehensive evaluation system

References

- J Child Adolesc Psychiatr Nurs. 2010 Aug;23(3):143-50. The concept of patient satisfaction in adolescent psychiatric care: a qualitative study. Biering P, Jensen VH. Faculty of Nursing, School of Health Science, University of Iceland, Iceland.
- Eur J Public Health. 2006 Apr;16(2):128-32. Epub 2006 Jan 23. Peer education in HIV prevention: an evaluation in schools. Merakou K, Kourea-Kremastinou J. Department of Public & Administrative Health, National School of Public Health, Athens, Greece. J Sch Health. 2002 Mar;72(3):121-7.
- Peer-led, school-based nutrition education for young adolescents: feasibility and process evaluation of the TEENS study. Story M, Lytle LA, Birnbaum AS, Perry CL. Division of Epidemiology, School of Public Health, University of Minnesota, 1300 South 2nd St., Suite 300, Minneapolis, MN 55454, USA.
- Fam Plann Perspect. 2000 Sep-Oct;32(5):256-7. Teenagers educating teenagers about reproductive health and their rights to confidential care. Yanda K. Teen Health Initiative at the New York Civil Liberties Union, New York, USA.
- Int J Adolesc Med Health. 2010 Apr-Jun;22(2):291-300. Sexually abused children. Characterization of these girls when adolescents. Holmberg LI, Hellberg D. Child Health Unit, Falun Hospital, Falun, Sweden.
- J Ment Health Policy Econ. 2010 Jun;13(2):53-63. Body weight, self-perception and mental health outcomes among adolescents. Ali MM, Fang H, Rizzo JA. Department of Economics, University of Toledo, Toledo, OH, USA.
- Clin Schizophr Relat Psychoses. 2010 Apr;4(1):34-40. Suicidal behavior in adolescents with first-episode psychosis. Falcone T, Mishra I, Carlton E, Lee C, Butler RS, Janigro D, Simon B, Franco K. Department of Psychiatry, Cleveland Clinic Department of Neurology, Neurological Institute, Cleveland Clinic Foundation, 9500 Euclid Avenue P57, Cleveland, OH 44195, USA.
- Early Interv Psychiatry. 2010 May;4(2):162-8. Young people at risk of psychosis: a user-led exploration of interpersonal relationships and communication of psychological difficulties. Byrne R, Morrison AP. Greater Manchester West Mental Health NHS Foundation Trust and University of Manchester, Manchester, UK.