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THE HEALING ROCK: OPEN-AIR ADOLESCENT PSYCHIATRIC CONSULTATIONS

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ABSTRACT

This short narrative describes the challenges of adapting consultation settings to both the needs of adolescents with psychiatric disorders and to the institutional constraints. We show how interior and exterior healing spaces may coexist and thereby enrich each other.

KEYWORDS: Open-air; Consultations; Psychiatry; Adolescence

Guidelines for good practice in child and adolescent psychiatric care regulate the framework of clinical interviews. They must meet two requirements, confidentiality, and safety. Confidentiality allows the adolescent (or his parents) to speak freely without concern about sensitive information being divulged inappropriately. It is a prerequisite for all consultations.[1] Recently, safety in healthcare settings has become an increasingly vital concern for patients and health care professionals.[2] We seek to create a therapeutic alliance so that we can obtain key information to establish a diagnosis as a first step in mental health care.[3]

The question of personalizing consultation rooms or keeping them as neutral as possible has been discussed in French public hospitals at length. Consequently, individualized settings are increasingly rare given the 'policy of shared spaces.' Currently, psychiatric services are standardized including various systems aimed at guaranteeing staff safety (e.g., alarms). Moreover, economic, and managerial constraints have led to a mismatch between available rooms and staff and patients' needs in some public institutions. This was the case in the hospital where I work.

Herein I tell my story as an adolescent psychiatrist whose team was under-endowed with space to accommodate the growing number of adolescents needing treatment. I am the Director of the Department of Adolescent Psychiatry on Reunion Island. This tiny volcanic island is a French territory in the Indian Ocean. It has over 860,000 inhabitants with 30% of the population under 18 years of age. We offer a walk-in clinic and scheduled consultations for brief mental health care of adolescents.

When I took up my post five years ago, twenty staff members (psychiatrists, psychologists, nurses, occupational therapists, social workers, and residents) had to share seven consultation rooms, including an 'open space' dedicated to non-clinical activities (writing reports, calling partners). From the beginning of my tenure, the lack of space was a recurrent issue and matter of staff complaints. These mounted proportionally with the number of new cases seeking care which doubled from 8 to 16 new adolescents per week with peaks of 24 new cases. Ensuring confidentiality and safety became more and more challenging. Nonetheless, we have always managed to maintain our commitment to ensure a no-appointment reception with 'open door' and 'no wrong door' policies.

Various initiatives, such as the deployment of two cell phones making calls from outside the consultation rooms possible, and a shared planning schedule (visualizing available offices) tackled the space problem to some degree. In two years, we established the rule that the patient became 'the key' to accessing a consultation room. Without a set clinical appointment clinicians had to use the common areas. This rule was meant to ensure maximum priority to the reception of new adolescents and clinical activities. Yet, over time, the volume of patients with more complex and severe mental disorders ballooned.

Not surprisingly, tensions within the team rose. Even team-building activities and institutional meetings dedicated to ease these pressures developed into recurrent grievances about space issues with repercussions on quality of care. We confronted management repeatedly. More promises were made, without results, blaming economic constraints. Even union demands failed to get a response.

What is one to do when a distressed teenager seeks help following a psychologically traumatic event or with suicidal ideation? While available timewise, where could we go? After we stopped allocating rooms according to the professional category, I often found myself in the same situation, despite being the

Department Director. With confidentiality in mind, some clinicians resorted to ‘garden consultations’. An epiphany occurred when I decided to go to the ‘healing rock’. As seen in the picture, it is a large volcanic stone in the corner of the garden, wide enough for two people to sit side-by-side while facing the same direction. It is far enough away so that people passing by could not overhear our exchanges.

Consultation on the ‘healing rock’ (photography by Michel Spodenkiewicz)

It became the ‘antechamber’ where I commenced with the adolescent before finding a consulting room. Soon thereafter, some adolescents indicated that they preferred to have our meetings in this place. For introverted patients sharing comments on the weather or surrounding nature seemed more reassuring. The beginning of the interview was frequently based on an observation of the environment that surrounded us, i.e., without high emotional stakes. Our positions on the rock, where we were on the same level, side by side, suggested that we were simply two human beings surrounded by nature. Somehow life had led us to a volcanic island in the middle of the Indian Ocean. The psychiatric interview, which can be disturbing for

some adolescents, became an exchange in the shade of palm trees. Furthermore, during the COVID-19 pandemic, we were safer and more comfortable in open-air consultations which allowed us to take off our face masks.

Some colleagues were scandalized to see the Director of the Department of Adolescent Psychiatry, an Associate Professor, treating patients outside due to space constraints. This story spread to the hospital's management office. Those in power finally released funds for an extension with new consultation rooms. Other colleagues mentioned that the fact that the Department Head did not abuse his position of privilege by commandeering a consultation room was inspiring. They too left their offices to stroll with patients outside around the hospital. They felt safer with these initiatives. Self-determination of the environment in psychiatric care is considered a key component to patient recovery and staff job satisfaction.[4] There is growing evidence that the exposure to green spaces and nature has a therapeutic impact beyond our encounters with adolescents.[5] Even when more consultation rooms were available, some adolescents asked to continue meeting outside. They appreciated this informal, less imposing, and stigmatized setting.[6] In the new consultation rooms we provided a place for nature with plants and colours inspired by the local environment. Interior and exterior healing spaces may coexist and thereby enrich each other.

Depending on the situation, clinicians address both the child and emerging adult in each psychiatric intervention. The challenge is to allow for patient autonomy while ensuring security and optimal development of the individual's potential. Consultations in an open-air environment mirrors childhood in several ways. It invites creativity without overlooking the meeting's purpose. Conventions were disregarded in a positive way. While tropical cyclones hit Reunion Island almost yearly, the resistance and stability of the healing rock remains. Thus, it can be a metaphor for those who seek our care. They can withstand the weather of life, changing while remaining in solidly in place. ■

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