

Franciscan Children's Hospital

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July 6th. The door clicked shut behind me. I followed the nurse down a hall, sliding a little on the cotton of my socks. Looking around at the colorful drawings and construction paper plastered across every wall, I took note of the individuality in each sheet. Glitter became Fourth-of-July fireworks, and paper American flags waved on their crayon flagpoles. Names labeled the doors; “Julie” (1) and “David” sat across the hall from one another. We walked until the the door with “Sophia” drew near. She stopped and unlocked the door, ushering me in. A bare, plastic mattress, recycling bin, and clean shelf greeted me. Only the small paper bag, filled with my approved belongings, was recognizable. They didn’t even allow my backpack in. “Welcome to Unit One! You can have a few minutes in here to get settled, then come join us in the common room; we are playing Bananagrams today!” She left. For the first time in forty-eight hours, they had left me alone. I stood there in silence.

Last summer, on July 6th, I was admitted to Franciscan Children's Hospital, Unit One Latency, for “anxiety and depression.” Essentially, people who are not safe in their normal, uncontrolled environments are admitted to a hospital like Franciscan's. This was the case for me. My experience on the Unit was typical; however, “typical” for being on the Unit is actually “surreal” in every other circumstance. Everything was devoted to our utmost safety. No silverware on site, locked bathrooms (by locked, I mean the nurses had keys, and you would ask to go), visiting hours, one cord telephone, only to be used with permission. No strings on hoodies, no pencils outside the rec room, no hugging or touching of any kind between residents (us). The only door in and out of the Unit required a nurse's ID card, and after that door, two more required IDs until you were out. Only one detail was overlooked, and perhaps because it wasn't a tangible force easily stopped.

We were encouraged to “make [temporary] friends,” to talk amongst ourselves, play games, discuss. There were no limits on what we *could* talk about (aside from the sacred rule on anonymity: past patients, especially their names, were not to be mentioned). Of course, when you first arrived, only the basics were passed around. Name, where you're from, pets, siblings—talking about such unextraordinary things provided a normalcy otherwise scarce. These conversations, however, soon changed; they shifted from being innocuous to being a dark reminder of our situation: discussions surrounding our mental health history arose, which, on their own, are harmless, but when eight twelve to sixteen year olds, all at extreme risk for self-harm, are together constantly in a sealed-off unit, the competitive nature of adolescents general rises to the forefront. “This is my sixth time at Franciscans,” my roommate explained. “I'm here now because my last step-down program (2) wound me up at a group home, and there... things got bad.” To put it one way, every morning and afternoon she had to go into the med room for antibiotics and a bandage change. At first, the fact that she had been in and out of this program

six times was simply shocking, but it became commonplace: almost everyone in with me had been there at least once before.

Considering I was in latency with the younger patients (typically latency is reserved for those under 12; due to an influx of patients; however, I and several others outside this range were placed there), this concerned me. Nonetheless, this worry was cast aside rather quickly, as it became apparent that longer stays and more extensive hospitalization histories led to status and seniority. You knew the staff and older patients on the other side of the unit, often sharing jokes or laughing at past experiences; the ins and outs of the unit: how to get more computer time and sneak past food or touching regulations; and for another intangible reason: because everyone denoted respect towards those with a rougher mental history, you were subconsciously compelled to do the same. Five days into my stay, I was unsure if I even *wanted* to leave. I had been sucked into the destructive cycle of false satisfaction and a feeling of fulfillment fueled by using how bad my situation was to garner respect. Oddly enough, solely hospital experiences were discussed, never *why* we ended up there; that conversation would have forced us to reflect upon our pasts, and see how we could prevent needing to be hospitalized in the first place. I sought to boost my then severely lacking self esteem; I seized any pick-me-up at that point, no matter how destructive, and staying in to raise my status provided the perfect opportunity. It was addictive—one-upping each other endlessly, often not even realizing it.

Jonah, a twelve year old across the hall from me, transferred to Franciscans after a two week stay at Children's Hospital. Emily followed a similar path, only she was ten. She had a cat named Peaches; I had just gotten a kitten, and my little sister named *her* Peaches. Emily was at Franciscans because she hated her stepmother, but social services gave her sole custody. Emily threatened to commit suicide. It was free time, so most of us were crowded into the rec room. Jonah was running the music, playing his Spotify playlist. He scrolled for a bit and began to blast this horrible rock song. Thirty seconds in, he raised his voice over the music: "This is the song that drove me to suicide!" Only one nurse was within hearing distance: he calmly asked Jonah to change the song. He refused, and my roommate encouraged him, calling it a good song. I sat quietly in the corner, shuffling my Bananagrams, searching for a word. Suddenly, I wanted to get out of there—off the unit. Jonah was younger than one of my sisters; he had been to five hospitals in two years. Emily was the same age as my other sister. This terrified me; they were *children*, and yet, these hospitals had become their lives—all they lived for.

I began to push for change. Soon after, I went on meds and started Melatonin. I opened up to my counselors and stopped my accreditation of respect and envy of towards those who had been there longer. My roommate was discharged; I followed the day after, to be admitted into a day program. I pulled off my sheets, cleared my shelves, took down the dozens of photos and paintings of mine that had slowly accumulated on my walls. I loaded everything into another paper bag, this one the size of the ones made for dragging away decaying leaves. I said goodbye. I couldn't give any hugs, just fist-bumps. By the time I left, the average age of the latency side was restored: I was the oldest one on the unit.

Three months later, I got a call from Franciscans. It was my roommate; she had run away from her group home, and been re-admitted.

1. For the purposes of anonymity hospitals like Franciscan's hold to a high standard, all names have been changed.
2. Once discharged from one program (inpatient or out), a step-down program is a way so that the patient isn't immediately shoved into everyday life, and has a way to ease into it. Depending on a patient's situation, they can go through many step-down programs before being discharged for good.