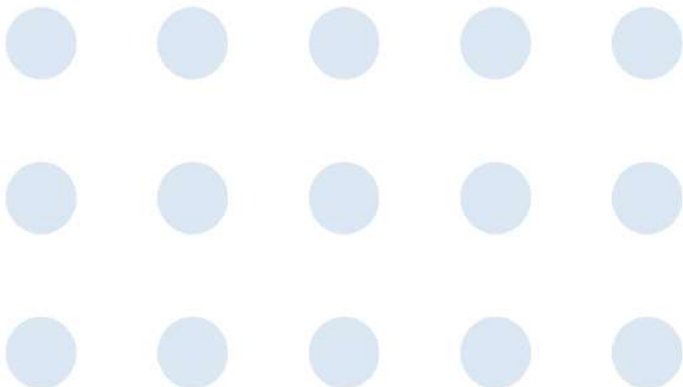


# SAMPLE

Evaluating the Importance of  
Childhood Enrichment Programs in  
Long-Term Pediatric Care



As pediatric care has evolved as a specialty, many challenges have arisen in developing care strategies for young patients. Many of these difficulties arise from developmental challenges, and the necessity to plan ahead for future growth when administering treatments. Indeed, this is why many approved treatments for adults in the fields of cancer and chronic disease are still not available for use in the pediatric field.

Along with the difficulties in developing viable treatment schemas for young patients, there is also the question of mental development and stimulus during long hospital stays. As treatment for chronic diseases in children become available, there will be a need to ensure that not only are patients' future physical development not impaired, but their mental faculties and social abilities are also given the chance to mature and grow.

The average stay of a child in the hospital receiving treatments of leukemia ranges from six months to three years. Before, given that the survival rate was about 12% for some forms of leukemia, the question of mental stimulation and education were not considered, as most patients were fighting for their lives at every moment (Thatcher, 2017). However, with the advent of new chemotherapeutics and the introduction of promising new immune therapies, many of these previously deadly conditions have now progressed to the point where the patient can eventually transition from intensive care to normal monitoring and subsequently even return home. For example, the overall response rate for many types of leukemia is approaching 97%. For these patients, treatment requires a three-month stay in the hospital, much of which is simply observational. During these months, children may be missing out on school, and may have limited access to social interactions. However, even after these three months, physicians may choose to monitor the child for a while longer if they have had a previous medical history of autoimmune disease or other complicating factors. In these cases, often times hospital stays become a waiting game, in which both parents and doctors are afraid to allow the patient to return home out of fear of a sudden relapse. As these cases may take additional months to resolve, it becomes even more imperative that that children receive adequate stimulation during these times.

As many child psychologists have noted, much of a child's social personality and sense of morals is shaped in the first ten to eleven years of life (Jones, 2015).



Although personalities are certainly malleable and circumstances can change, patterns of cognitive learning and behavior are very consistent with conditions in the first decade of a person's life. As such, if even 10% of that time is spent in a hospital, it may have complex effects on a person's psyche. Especially for younger patients, mental stimulation through educational videos, games, and even possibly group learning sessions may be extremely beneficial in ensuring that they continue to develop mentally.

Additionally, studies have shown that prolonged stays in the hospital in younger children can trigger depressive symptoms, especially when combined with the burden of medications, surgeries, and other treatments. Alternative mental stimulation may serve to relieve pain and boredom, which ultimately serve to shorten hospitalization times.

Although pediatric patients in the first decade of life are very susceptible to influences around them and these circumstances may impact their adult development, it is equally important to evaluate the role of prolonged hospital stays on pre-teens and teenagers. During these years, the complex hormonal interactions combined with physical growth make it a very difficult time to be confined to the hospital with minimal interaction and stimulation.

Additionally, studies have shown that for many young patients who are hospitalized for longer than three months, about 54% report having difficulties reintegrating into the life they previously had, due to missed school and social events. Essentially, they feel as though they are "left behind", and many develop depressive symptoms which may manifest through violence or self-harm (Pony, 2014). Additionally, many psychiatric medications commonly prescribed for depression or anxiety may interact negatively with maintenance medications used to treat disease, for example chemotherapeutic agents or anticoagulants. The effects of many of these combinations are still unknown. For older pediatric patients, it is very important to allow them to interact with their peers as much as possible and to provide educational coursework so that they can easily integrate back into their previous mode of life after their procedures (Swing, 2012). Mental stimulation during hospitalization is essential for both younger and older patients in a pediatric clinic. Chronic diseases are difficult to treat in children due

to physical considerations as well as mental and emotional. Assessments for physical effects of medication in younger patients has made great strides over the past two decades; however, those concerning the mental and emotional wellbeing of younger patients is still rudimentary. Children are actively growing in all aspects regardless of whether they are hospitalized or leading normal lives. As such, it is the responsibility of an institution of healing to provide not only adequate physical treatment and care, but engage children in developing their mental and emotional psyches as well during their stay.

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