

ADULT PSYCHIATRIC HOSPITALIZATION

What you need to know when a loved one is hospitalized

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INTRODUCTION

No matter how many times your loved one has been hospitalized because of a mental illness, it's never easy. You may wonder how to help them and where to go for help. This booklet provides basic information about what to expect and how to best support your loved one while they are in the hospital and in the coming weeks and months. ■

DEFINITION OF A MENTAL ILLNESS

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. They cannot be overcome through "will power" and are not related to a person's character or intelligence. Just as diabetes is a disorder of the pancreas, a mental illness is a disorder of the brain that can make it difficult to cope with the ordinary demands of life. No one is to blame.

Just because someone is experiencing serious symptoms of a mental illness doesn't mean that he or she will be admitted to a hospital.

To meet hospital admission criteria, a person must be experiencing a combination of the following:

- ▶ Suicidal or homicidal behavior, with a plan and a means to carry it out
- ▶ Chaotic communication, threatening behaviors, minimal impulse control, withdrawal from social interactions, neglect of personal hygiene and an inability to care for themselves
- ▶ Medical condition that is not being controlled, abuse of substances
- ▶ Living in a highly stressful environment, such as experiencing trauma, loss of housing, etc.
- ▶ No supports—financial or emotional
- ▶ Limited or no success with previous treatments
- ▶ Little or no insight into their mental illness

More people are seeking treatment than ever before and there is a "flow" problem in our mental health system. This means people may wait in emergency rooms for hours while waiting for a bed to open up. Your loved one may be transferred far away to a different hospital that has an open bed. ■

WAYS TO HELP

Here are some simple ideas to help you understand and support someone who is hospitalized for a mental illness:

- ▶ Give hope
- ▶ Give advice only when asked
- ▶ Tell them you are there for them, no matter what

- ▶ Stay connected—visit them in the hospital, call or send a card
- ▶ Remind them mental illnesses can be treated and people can get better
- ▶ Avoid arguments, saying “I told you so”
- ▶ Express sympathy and concern, offer your support
- ▶ Assure them that they are not alone
- ▶ Tell the person you are sorry they are in such pain
- ▶ Share only hopeful stories
- ▶ Understand that someone can’t just “pull themselves out of it”
- ▶ Recognize the person is not their illness; they have dreams, strengths and gifts to share with others
- ▶ Learn about your loved one’s diagnosis, treatment options and the mental health system
- ▶ Focus on what is going well ■

“Ask me how I am and listen.”

—HOSPITAL PATIENT

WHAT TO TELL FAMILY AND FRIENDS

If possible, ask the person in the hospital who they want and don’t want to be informed of their hospitalization. Then be honest with these individuals and tell them that your loved one had a mental health crisis

“Too many people feel shame that their family member has a mental illness. Probably no one has explained to them that it is a real illness.”

—FAMILY MEMBER

and is in the hospital. Tell them that mental illnesses are medical illnesses and that no one is to blame. With professional care, medication, treatment and support from caring friends and family, your loved one can get better. Encourage them to send a card or, if possible, visit them at the hospital. With consent

from your loved one, another way to share information with family and friends is to create a free Caring Bridge website. As you connect, be willing to accept offers of help and support. You need support, too. ■

WHAT IS DIFFERENT ABOUT THE PSYCHIATRIC UNIT

The psychiatric unit is more like the Intensive Care Unit (ICU)—it can be noisy and very hectic. Inside, patients and staff are moving about—unlike other areas of the hospital where patients generally stay in their room or bed. People may be talking loudly or expressing intense emotions. They are not being their usual selves.

Being hospitalized for a mental illness is also different because of the restrictions in place to protect your loved one. These include locked doors, clothing and gift rules, limited visiting hours, and limits on where patients can go. Phones are located only in common areas, and

their use is sometimes restricted. These rules are in place to ensure the safety of the patients and others.

Due to data privacy laws and treatment schedules, you may have a difficult time reaching your loved one by phone or visiting your loved one while they are hospitalized. Hospitals require the patient to sign a form allowing them to confirm that he or she is in the hospital. This means when you call the main number, the receptionist will not tell you if your loved one is in the hospital.

Depending upon the hospital, your call may be transferred to the patient phone area. If they are in a group or other activity, the phone will simply ring and no one will pick up. At other times, the phone is used frequently and you will get a busy signal. Sometimes you may be transferred to the nursing desk. If your loved one cannot come to the phone, be assertive and request that the staff member take a message for your loved one.

During the hospital stay, it is important that your loved one be connected with people from their community who provide support and encouragement. Encourage your loved one to allow these people to call or visit. They may welcome visits from friends, neighbors, advocates, specific family members, or their pastor or spiritual leader.

Visiting hours are often limited to make time for group therapy and treatment. Check with the hospital about visiting times and the location of visiting areas. If due to work or other issues you cannot visit during published visiting hours, ask for an exception. Sometimes, children under 15 years old may not be allowed to visit. However, if your loved one's children want to visit, you can ask for an exception.

For the health and safety of your loved one and other patients, there are limits on what can be brought into the hospital. You will be required to lock up your purse and coat. Everything brought to your loved one will be inspected. Items you may be allowed to bring include: casual clothing without ties or cords (2 sets outerwear, 5 pairs of underwear), grooming supplies (shampoo, conditioner, soap, electric shavers), books, card games, crossword puzzles, word find books, flowers, get well cards, magazines, photos, pop and puzzles. Usually, the following items need to be left at home: electronic devices, glass objects, jewelry, lighters, money, razors, tobacco and weapons. You may be able to give your loved one a small amount of money (\$2-\$5) if they are allowed to go to other parts of the hospital. You can always ask a staff member about bringing in an item you are unsure about, such as their favorite food. ■

“Your notes and the deck of cards brightened my mood.”

—HOSPITAL PATIENT

WHAT INFORMATION SHOULD BE SHARED

When your loved one is admitted to the hospital, the staff will want current information about them that will be helpful in planning for treatment and discharge. If your loved one has been treated at this hospital in the past, they may already have the information.

This information may include:

- ▶ Medical history summary
- ▶ Personal information (name, date of birth, home address); health care conditions; diagnoses; medications (if any), dosage, pharmacy name and phone number
- ▶ A health care or psychiatric health care directive
- ▶ Current symptoms and concerns
- ▶ Treatment choices
- ▶ List of preferred interventions, including medications and therapies that have helped in the past
- ▶ List of interventions that should be avoided
- ▶ Professional contact information
- ▶ List of names and numbers for their regular psychiatrist, therapist, case manager, physician, and hospital ■

WHAT HAPPENS DURING THE HOSPITAL STAY

Generally, your loved one is observed for the first 24 hours. During this time, they may need to wear hospital scrubs. Once they meet with the doctor and receive permission, they will be allowed to wear their own clothing.

The purpose of a hospitalization is to stabilize the person. Throughout the day, your loved one may attend programs that help them to become stable and to connect with others. These may include group therapy, individual therapy, art therapy, etc. The schedule is typically posted in public areas on the unit. Look for a sign in the hallway or lounge area of the psychiatric unit to find out what programs are available and when they are scheduled. Your loved one could be hospitalized for days or weeks, depending upon the severity of the symptoms.

Hospitals must provide patients and their family members with a formal notice of basic patient rights when they are admitted. These rights cover care, privacy, and safety; confidentiality; and freedom from the use of restraints and seclusion for coercion, discipline, retaliation, or staff convenience.

While non-physical techniques are the preferred intervention, seclusion or restraints may be used in an emergency if your loved one is a risk to themselves or someone else and other interventions did not work. When

seclusion or restraints are necessary, it will be ordered and supervised by a licensed practitioner. If this occurs, your loved one will be continuously monitored, and this information will be recorded in their medical records during and after the intervention. If your loved one has consented to keeping the family informed, family members will be notified promptly of the use of restraints or seclusion. You may not be able to visit your loved one if they are in seclusion or restraints. ■

PERSONNEL ON THE PSYCHIATRIC UNIT

There are a number of professionals working with your loved one. The patient care team can include doctors, registered nurses, social workers, occupational therapists, nursing assistants, and many other professionals.

Here is a list of typical staff roles and responsibilities:

▶ **DOCTOR**

Specializes in psychiatry and is in charge of the patient's care during their stay. Others, including medical students or residents, may also assess the patient. Typically, the attending doctor has rotating shifts or may work at other facilities. The attending doctor supervises the medical students and residents.

▶ **PSYCHOLOGIST**

Administers diagnostic tests, conducts individual or group therapy sessions for patients, and plans care for both inside the hospital and for discharge into the community.

▶ **ADVANCED PRACTICE NURSE**

Diagnoses and treats illnesses and provides health care, including prescribing medication.

▶ **PHYSICIAN ASSISTANT (PA)**

Treats illnesses, including prescribing medications.

▶ **REGISTERED NURSE (RN)**

Assesses the patient's progress and provides emotional support, encouragement and health education. The RN also ensures the patient's physical safety, administers medications, and monitors overall health of the patient.

▶ **THERAPIST**

Conducts individual, group, or family therapy. The therapist can be a Psychologist (Ph.D.), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), or Marriage and Family Therapist (LMFT).

▶ **SOCIAL WORKER**

Identifies social service and therapeutic needs, helps connect the patient with community resources, and makes referrals for services.

Works directly with the patient, their family, and community providers to explain treatment options and plans, coordinate discharge plans, and identify any ongoing needs for the patient while they are in the hospital.

▶ **NURSING ASSISTANT / PSYCHIATRIC AIDE / MENTAL HEALTH WORKER / BEHAVIOR TECHNICIAN**

Works under the direction of psychiatrists, psychologists, nurses, and social workers to provide routine nursing and personal care for the patient, including eating, dressing, grooming, and showering. Ensures that the unit is safe and accompanies the patient off the unit in the hospital for groups, walks, medical tests, and therapy.

▶ **HEALTH UNIT COORDINATOR / UNIT SECRETARY / UNIT HEALTH CARE WORKER**

Works at the main desk of each patient care unit and provides general information for patients and families.

▶ **PATIENT ADVOCATE**

Assists families to resolve or address issues regarding quality, appropriateness and coordination of care for the patient.

▶ **OCCUPATIONAL THERAPIST / RECREATIONAL THERAPIST**

Assesses patient's ability to function independently. Assessment areas include the patient's strengths, behaviors, social skills, and cognitive skills, thought processes, activities of daily living, functional abilities, work skills, goals and sensory needs. Also performs evaluations to help determine the best living situation for patients. Many of the OT's responsibilities are important for treatment and discharge planning.

▶ **DIETICIAN / NUTRITIONIST**

Assesses patient's nutritional needs, develops and provides nutrition programs, and evaluates and reports the results. Confers with doctors and other health-care professionals to match up medical and nutritional needs.

▶ **CHAPLAIN**

Assists with the spiritual and emotional needs of patients, families and hospital staff. ■

QUESTIONS TO ASK

As soon as possible after admission to the hospital, try to talk with the care team to discuss the status of your loved one. Data privacy laws require that your loved one sign a release of information form to allow the staff to share health care records. If your loved one doesn't sign a privacy release the first day, be sure to have the staff ask him or her again on another day. The Minnesota Family Involvement Law does allow medical

providers to share limited but key information with you in order to help them advocate and care for the person with a mental illness. (See “Relevant Data Privacy Laws”)

Call the unit phone number to ask who to talk to, or speak with the unit coordinator. Doctors typically work at several hospitals or clinics and may be difficult to reach. To be an effective advocate for your loved one, try to be clear, succinct and calm in your conversations with the staff. Remember to take notes and avoid repeating the conversation. Repeated conversations that are angry, emotional or impolite can impact the quality of information you receive about your loved one.

Here are some possible questions to ask when you do talk with someone on the care team:

- ▶ How long will my loved one be hospitalized?
- ▶ Has there been communication between the hospital staff and my loved one’s regular doctor?
- ▶ Can I request a family meeting?
- ▶ What is the diagnosis?
- ▶ Which symptoms are you most concerned about? What do they indicate? How are you monitoring them?
- ▶ What medications are you giving, and what are their side effects? Have these been discussed with my loved one?
- ▶ What is the treatment plan?
- ▶ Why is my loved one on a 72-hour hold?
- ▶ Is my family member going to be transferred to a state hospital or a residential treatment facility?
- ▶ Should my loved one be committed? Why or why not? (See “What It Means to be Committed” section of this booklet.)
- ▶ What is the discharge plan?
- ▶ How can I help with the team effort?
- ▶ How can I help my loved one when they leave? ■

UNDERSTANDING MEDICATIONS

Patients have the right to ask the staff for information about their medications. Know that there will likely be changes to your loved one’s medications during their hospital stay.

There are four major types of medications that are commonly used to treat major mental illnesses. These medications may be used for multiple purposes:

▶ **ANTIDEPRESSANTS**

Used to reduce the symptoms of depression, including low mood, poor appetite, sleep problems, low energy, and difficulty concentrating. They can also be used in treating anxiety disorders.

► **MOOD STABILIZERS**

Used to help regulate moods.

► **ANTIPSYCHOTICS**

Used to reduce the symptoms of psychosis, including hallucinations, delusions, and disorganized speech or behavior.

► **ANTI-ANXIETY SEDATIVES**

Used to reduce anxiety, over stimulation and difficulty sleeping.

For more information on the types of medications used to treat mental illnesses, side effects, and directions for taking medications, go to www.namimn.org, browse to Publications and then Fact Sheets. ■

ADVOCATING FOR YOUR LOVED ONE'S HEALTH CARE CHOICES

The health care directive, which in Minnesota includes mental health care, and the advance psychiatric directive are legal documents which give healthcare providers information on a person's choices or wishes about their health care. The health care directive allows a person to select someone as their advocate who can make decisions on their behalf when they are unable to do so.

The advance psychiatric directive applies only to treatment with neuroleptic medications (a tranquilizing psychiatric medication used to manage psychosis) and electroconvulsive therapy (ECT). This advance directive can be used to plan for the possibility that someone may lose the ability to give or withhold informed consent to treatment during acute episodes of psychiatric illness. It can also include instructions about other psychiatric medications like antidepressants and anti-anxiety medications. If your loved one has an advance directive, be sure to share it with the doctor. If they do not have an advance directive, you may want to have them draft one and sign the legal forms when they are better. For more information on advance directives, visit the websites of Minnesota Department of Health, www.health.state.mn.us; Honoring Choices Minnesota, www.honoringchoices.org; LawHelpMN, www.lawhelpmn.org/resource/minnesota-advance-psychiatric-directive-and-h; or the NAMI Minnesota website. ■

RELEVANT DATA PRIVACY LAWS

State and federal data privacy laws are often cited as the reason that the patient's caregivers are not provided the information they need to support and advocate for their loved one. In particular, providers often mistakenly believe the Health Insurance Portability and Accountability Act (HIPAA) prevents them from speaking or listening to family, friends,

“Families need to be involved in care planning and recovery.”

—FAMILY MEMBER

“I regret that I did not involve friends and family in my treatment planning.”

—HOSPITAL PATIENT

neighbors, advocates or spiritual leaders. Caregivers have to be very proactive, both to share and obtain information, and to be included in the transition planning meeting. The caregiver can provide information about the person hospitalized, without a release, to the doctors. If you do share information, know that the provider may tell the person that you shared this information with them.

If your loved one does not want to sign a full release of information, there is another option in Minnesota. The Minnesota Family Involvement Law allows medical providers to share limited but key information with caregivers in order to help them advocate and care for a person with a mental illness. The hospital staff may share relevant information with the caregiver if the patient agrees or does not object when asked. Staff can share information even when the patient is not present or incapable of making health care decisions; or when they determine that doing so would be in the best interest of the patient. More information can be found in the NAMI Minnesota booklet, *Understanding Data Privacy Laws*.

Your loved one, however, must sign a release of information form to allow family and friends access to their healthcare records. If they say “no,” you can request that hospital staff ask your family member again on another day if they would sign the form. Providers are also allowed to share information when the patient is in the same room with family members and the patient verbally agrees to information being shared. Encourage your loved one to sign a release before discharge from the hospital so that you can help them once they leave. Your involvement can help keep them out of the hospital in the future. ■

WHAT IT MEANS TO BE COMMITTED

If your loved one is a risk to themselves or others or cannot care for themselves, the hospital may place him or her on an emergency 72-hour hold for assessment. Weekends and holidays do not count toward the 72 hours. Once the 72-hour hold is done, your loved one can choose to be treated voluntarily, or will be allowed to leave the hospital or, if the hospital team members believe it is necessary, they will start the commitment process.

Sometimes people with mental illnesses become unable to care for themselves or become a danger to themselves or others and refuse treatment. It may become necessary to have a court order the person into treatment. The process of obtaining a court order for treatment is called “civil commitment.” Commitment hearings are held in family court and often require your loved one to be handcuffed and transported to the courthouse. For more information, please see the NAMI Minnesota booklet, *Understanding the Minnesota Civil Commitment Process*. ■

WHOM TO CONTACT WITH CONCERNS

If you have concerns about your loved one’s care or other aspects of the hospitalization, bring them first to the hospital’s direct care staff. If that person is not available or the issue is not resolved, then speak with the “head” nurse or manager on the psychiatric unit. If the problem is not resolved, you may want to contact the patient advocate. The patient advocate helps people in all units of the hospital, not just in the psychiatric unit. For serious concerns that cannot be resolved with the hospital, contact the Office of Health Facility Complaints at the Minnesota Department of Health at 651-201-4201, or toll free from anywhere in the country by calling 1-800-369-7994. Their e-mail address is health.ofhc-complaints@state.mn.us. ■

CREATING AN EFFECTIVE TRANSITION PLAN

The goal of the RARE Campaign—for Reducing Avoidable Readmissions Effectively—is to help hospitals and care providers in Minnesota prevent hospital readmissions. To meet this goal, a thoughtful and complete transition plan is critical. The transition plan (formerly called discharge instructions) is a guide created by the discharging care team, the patient and caregiver(s). It includes instructions for the tasks to be done after leaving the hospital. This plan is shared with the patient and caregivers in a way that is easy to understand and follow. There will be a planning meeting at the end of your loved one’s hospital stay. During the meeting, be sure to ask questions and voice any concerns. To read your loved one’s plan, however, you will need a signed release form (or be in the room). If you don’t have permission, ask the hospital staff for help getting the release. If your loved one has a case manager, make sure that they get the information. If they do not, ask hospital staff for help with a referral.

A transition plan includes ways you can help care for and support your loved one once they are home from the hospital.

“I was part of the discharge planning meeting, so I knew what to do when he came home.”

—FAMILY MEMBER

“Connect us to resources in the community such as support groups.”

—FAMILY MEMBER

Parts of a Discharge or Transition Plan

- ▶ Reason for admission
- ▶ Information on diagnosis in terms that are easy to understand
- ▶ Medications to take after transition
 - Purpose of medication
 - Dosage of medication
 - When to take medication
 - How to take medication
 - Possible side effects
 - How to get medication and refills
 - Where to get medications
 - Instructions about over the counter (OTC), legal and illegal substances. These should consider the patient’s history
- ▶ Self-care activities such as exercise and nutrition, physical activity level or limitations, weight monitoring
- ▶ Coping skills such as sleep hygiene, meditation, yoga
- ▶ Recovery goal, plans for work, school, social outlets
- ▶ Crisis management
 - Symptoms that require a response, “red flags”
 - Action steps and care options that are available
 - What to do if a “red flag” occurs, including the urgency of the issue, whom to contact, how to contact them, and what to do in an emergency and after clinic hours
- ▶ Follow-up appointments (usually within 7 business days of leaving the hospital)
- ▶ Referrals to community support services, including
 - Mental health and/or substance use disorder support groups
 - Social services available through a variety of county and nonprofit organizations. These may include financial assistance for medications, transportation assistance, nutrition support, emergency housing and volunteer opportunities

Make sure your loved one is taking medications that are covered by his or her health care plan. To avoid disruptions, be proactive. Discuss benefit coverage and affordability with your loved one’s doctor. Any changes in your loved one’s medications should be very clear to you

when you leave the transition meeting. It is best if your loved one is as involved as possible. They should understand why, how and when to take the medications. Help your loved one inform the care team about the medications that remain in the home. Together you can make a plan for their use or disposal.

To make sure that patients understand all plan instructions, care providers often use the “Teach Back” method during transition planning meetings. Your loved one may be asked to repeat and explain all aspects of their follow up care instructions. ■

SUPPORTING THE RECOVERY PROCESS

A person is very vulnerable the first few days after being discharged. If your loved one was hospitalized for suicidal thoughts or an attempt, be sure to remove access to lethal means and to discuss this during the discharge planning meeting. Make sure you have the number of the county crisis line and mobile crisis team where your loved one lives. Make sure that your loved one has a follow-up appointment with a mental health professional within seven business days after discharge or sooner if needed. They should schedule an appointment with a medical provider if they also have a physical illness. These appointments should be made before leaving the hospital. A care provider from the hospital will contact your loved one within 72 hours of discharge to review the care transition plan. This conversation will include discussion of medications, side effects and any new questions or concerns.

Follow-up meetings will include a number of questions. Your loved one will be asked about his or her medications to ensure safety, accuracy and appropriateness. The following information should be available:

Medication Information

- ▶ Name of the medication
- ▶ Purpose of the medication
- ▶ Dosage
- ▶ Side effects experienced

Other topics will probably be covered in the follow-up visit to make sure that your loved one’s needs are being met.

Possible Follow-up Appointment Topics

- ▶ Any changes in living situation, access to transportation or other previously unidentified concerns
- ▶ Difficulties obtaining or paying for medications
- ▶ Success with self-care strategies and coping skills

- ▶ Whether any “red flags” have surfaced since discharge and how your loved one has responded
- ▶ If the Crisis Plan continues to meet your loved one’s needs
- ▶ How medical conditions are being managed

The purpose of a hospital stay is to stabilize your loved one. Recovery, though, is a longer process that requires ongoing care, treatment and support. To learn more about the adult mental health system, see the NAMI Minnesota booklet, *Hope for Recovery*. ■

WHERE TO GO FOR MORE INFORMATION

For information about mental illnesses, treatment and services, support groups and classes, visit the NAMI Minnesota website at www.namimn.org or call 1-888-NAMI-HELPS (626-4435). ■

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