

Children's Psychiatric Hospitalization

What You Need to Know
When a Child is Hospitalized



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YOUTH



nami

National Alliance on Mental Illness

MINNESOTA

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NAMI Minnesota champions justice, dignity, and respect for all people affected by mental illnesses. Through education, support, and advocacy we strive to eliminate the pervasive stigma of mental illnesses, effect positive changes in the mental health system, and increase the public and professional understanding of mental illnesses.

CHILDREN'S PSYCHIATRIC HOSPITALIZATION

What you need to know when a child is hospitalized

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INTRODUCTION

Having a child hospitalized because of a mental illness is never easy. You may wonder how to help them and where to go for help. This brochure provides basic information about what to expect and how best to support your child while they are in the hospital and in the coming weeks and months. ■

DEFINITION OF A MENTAL ILLNESS

Mental illnesses are medical conditions that affect a child's thinking, feeling, mood, ability to relate to others and daily functioning. A mental illness is a medical illness whose symptoms are behaviors. These symptoms can limit a child's success at home, school or in the community. Mental illnesses are no one's fault. ■

WAYS TO HELP

Here are some simple ideas to help you understand and support your child during their hospitalization for a mental illness:

- ▶ Give hope
- ▶ Avoid arguments, don't say "I told you so"
- ▶ Be positive and talk in the "here and now"
- ▶ Stay connected; visit, call and attend family sessions
- ▶ If age appropriate, remind your child that they are not their mental illness, that it is just one small part of them
- ▶ Show empathy
- ▶ Seek support
- ▶ Learn more about your child's diagnosis, treatment options and the mental health system
- ▶ Remember that mental illness is a **medical illness** whose **symptoms** are behaviors
- ▶ Assure them that they are not alone through this difficult time
- ▶ Tell them you are sorry they are in pain
- ▶ Focus on what is going well
- ▶ Take this time to do your own healing and recharge your battery! ■

"I needed my family to be patient and strong, that was the best support during my hospitalization."

— ADOLESCENT PATIENT

WHAT TO TELL FAMILY AND FRIENDS

It can be difficult to share with friends and family that your child is hospitalized for a mental illness. You may fear that you will be blamed or that others will view it as shameful. Decide with your child who you feel comfortable sharing your information with. Tell family and friends that your child is living with a mental illness, that it is a medical illness and that no one is to blame. Let them know that your child is being cared for by medical professionals who will be providing treatment and support. Inform your family and friends that the best way they can assist you and your child at this time is by sending cards, or warm wishes for healing.

If there is computer access, you and your family may consider creating a CaringBridge (www.caringbridge.com) page for your child. This will allow friends and family to log on and see updates (that you would need to make) regarding your child's progress. They would be able to write notes of encouragement and support. For some extended family members, support groups may be an additional option. For older adolescents, ask them who they want and don't want to be told of their hospitalization, and respect their wishes. ■

HOW TO HELP MY CHILD'S SIBLINGS

Siblings may have questions and struggle with how to process what is happening. They may not know how to cope with the situation. Keeping them informed and educated is key to reducing their fear and anxiety.

Here are some tips to assist them during their sibling's hospitalization:

- ▶ No one is to blame for the illness
- ▶ Mental illnesses affect the whole family
- ▶ It is natural to experience many and confusing emotions such as

"I wanted hospital staff to understand that our family needed support. We needed to comfort one another. Having the staff understand this and accommodate our needs was very important to the healing process."

— PARENT

grief, guilt, fear, anger, sadness, hurt, confusion and more. You, not your sibling, are responsible for your own feelings

- ▶ You are not alone. Sharing your thoughts and feelings with others can be helpful ■

HOW DO I GET MY CHILD TO THE HOSPITAL

If your child is in crisis, appears to be in danger of harming themselves or someone else, or is damaging property, you may need to call your county crisis team or 911. You can also take your child to the local hospital emergency department (ED). It is important to know that bringing your child to the ED does not guarantee admission to the hospital. The admission criteria vary and depend on medical necessity as determined by a doctor. Mental health crisis teams can assist with the triage process and refer a child to the hospital for assessment, which may make it easier for them to be admitted. County mobile crisis teams do not transport children to emergency rooms.

If transportation is needed, the crisis team may contact paramedics or law enforcement or request that you provide transportation. There is also a new service called protected transport. Protected transport allows a person experiencing a mental health crisis to ride in an unmarked car with safety features and specially trained drivers. Protected transport is not currently available in all areas of the state. Ask your crisis team if it is available for you.

Before you try to bring your child to the ED in your own car, assess the situation. Ask yourself:

- ▶ Can my child safely ride in the car right now?
- ▶ Do I have another adult who can ride in the back seat with my child?
- ▶ Do I have child safety locks in the backseat to keep my child safe?
- ▶ Am I too upset to drive?

If you cannot safely transport your child to the ED and protected transport is not available, call 911.

When you call 911, let the operator know:

- ▶ You are calling about a child experiencing a mental health crisis
- ▶ You need safe transportation to the local hospital ED
- ▶ You would like a Crisis Intervention Trained (CIT) officer if they have one available
- ▶ You are concerned about what behaviors? For example, is your child behaving aggressively? Do they have a weapon? Have they been using drugs or alcohol? ■

WHAT HAPPENS AT THE HOSPITAL EMERGENCY DEPARTMENT

When you arrive at the ED, **be prepared to wait several hours.** You may want to bring a book, your child's favorite toy, game or activity if that helps your child stay calm. Bring any relevant medical information, including the types and doses of all medications and contact information for anyone who provides mental health care for your child. You may also want to bring a phone charger so you can stay in touch with family.

If the emergency department does not have access to a psychiatrist, you can ask them to call the Psychiatric Assistance Line (PAL) between the hours of 7:00 a.m. and 7:00 p.m. PAL provides free consultation with a Licensed Clinical Social Worker. The Social Worker can typically provide access to a consultation with a Board Certified Child and Adolescent Psychiatrist within 30 minutes. PAL can be accessed by calling (855) 431-6468. This service is provided at no cost by PrairieCare Medical Group through a grant from the Minnesota Department of Human Services.

If your child is not admitted to the hospital and the situation changes when you return home, don't be afraid to call the crisis team back or return to the ED. The crisis team or hospital will re-assess the situation and make recommendations based on the current situation. Your child may meet the criteria for hospital admission later. ■

WHAT ARE EMERGENCY HOLDS

Sometimes when a person with a mental illness is no longer able to care for themselves or if they pose a threat to self or others, and will not agree to treatment, an emergency hold will be ordered. Emergency holds temporarily confine the person to a secure facility such as a hospital. Emergency holds last for 72 hours each (not including weekends and holidays). The purpose of the hold is to keep the person safe while awaiting a petition for civil commitment to be filed or while the pre-petition screening team reviews the matter. An emergency hold doesn't necessarily initiate the commitment process. It is simply a way to assess the person to determine if commitment is necessary.

In order to be committed, the person must have recently:

- ▶ Attempted or threatened to physically harm themselves or others
- ▶ Caused significant property damage

- ▶ Failed to obtain food, clothing, shelter or medical care as a result of illness
- ▶ Are currently at risk of substantial harm or significant deterioration

While the civil commitment law applies to people ages 18 and over, it is sometimes used to apply to teenagers who are 16 or 17, because at those ages young people are able to refuse to consent to hospitalization. Minnesota laws are confusing when it comes to young people who are not yet 18. Some counties use the civil commitment law to treat these young people. Other counties use the Child Protective Services (CHIPS) system to get help for young people aged 16 or 17 who refuse treatment. Because the practice varies from county to county, you should check with your own county for help if your 16 or 17 year old has refused treatment. (For more information about Minnesota's civil commitment law, see NAMI Minnesota's booklet, *Understanding the Minnesota Civil Commitment Process*.) ■

WHAT HAPPENS AT ADMISSION

If you are with your child when they are admitted, you will be able to walk up to the mental health ward with them to say goodbye. If you have not already completed paperwork in the ED, you will be asked to complete it now. You may receive a great deal of information at this time, although it may be difficult to focus. Most hospitals also give you a packet of information that you can look at later when things are calmer. Remember that it is alright to ask questions about anything you don't remember or understand, now or in the future.

Leaving your child at the hospital is never easy. Be prepared to feel guilt, sadness, stress and relief among other emotions. Try your best to relax knowing that your child is in a safe place. ■

WHAT'S 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 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 the safety of your child and others. Doors

are locked, and visiting hours are restricted. There are rules about clothing and gifts, and where patients can go. These rules are in place to ensure the safety of the patients and others.

Visiting hours are often limited to make time for group therapy and treatment. If you cannot visit during restricted hours, ask if they can make an exception. Sometimes, children under 15 years old may not be allowed to visit. You should ask about this policy at admission.

For the health and safety of your child 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 in the lockers provided before you are allowed to enter the unit. Some hospitals also have a guard who will use a security wand to ensure all metal objects have not been forgotten. Everything brought to your child will be inspected.

Items you may be allowed to bring are:

- ▶ 2 or 3 pairs of pants free of strings or any other choking hazards
- ▶ 2 or 3 t-shirts
- ▶ One comfort item
- ▶ Books, photos of family/loved ones
- ▶ Basic grooming supplies such as: shampoo, body soap, deodorant, toothbrush, toothpaste
- ▶ Hair brush (ask the hospital at intake about this)
- ▶ Snacks or drinks that do not contain caffeine

Usually the following items need to be left at home:

- ▶ Anything with strings
- ▶ Belts
- ▶ Short shorts or skirts
- ▶ Jewelry
- ▶ Toys such as play guns or light sabers
- ▶ Finger nail polish or remover (or anything else that can be used as an inhalant)
- ▶ Large hair bands or anything that could fit around a neck or be used as a weapon
- ▶ Medications from home (the hospital will be handling all medications!)
- ▶ Electronics such as: phones, ipods, laptops etc. ■

WHAT INFORMATION SHOULD BE SHARED

When your child is admitted to the hospital, the staff will want concrete information about your child that will help them create a treatment plan. The staff may already have the information if your child has been treated at this hospital in the past.

This information includes:

▶ **MEDICAL HISTORY**

- Personal information (name, date of birth, home address); health care conditions; diagnoses; medications (if any), dosage, pharmacy name and phone number
- Current symptoms and concerns

▶ **TREATMENT CHOICES**

- Preferred interventions, including medications and therapy that have helped in the past
- Interventions that should be avoided

▶ **PROVIDER CONTACT INFORMATION**

- Names and numbers of their regular psychiatrist, therapist, case manager, physician, and hospital ■

MINORS CONSENT FOR HEALTH CARE

Minors may not receive health care services without their parents' or guardians' consent, except under certain situations.

A minor may consent for medical, mental, or other health services for the following:

- ▶ to determine the presence or treatment of pregnancy and conditions associated with pregnancy
- ▶ for sexually transmitted infections
- ▶ for alcohol or other drug abuse (Minn. Stat. § 144.343, subd. 1)

Health services may be provided to minors without the consent of a parent if, in the health professional's judgment, treatment should be given without delay, and if obtaining consent would result in delay denial of treatment (Minn. Stat. § 144.344). For more information read the fact sheet regarding Minor Consent on the NAMI website www.namihelps.org ■

WHAT HAPPENS DURING THE HOSPITAL STAY

Generally, your child will be 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. Your child could be hospitalized for days or weeks, depending on their symptoms.

The purpose of a hospitalization is to stabilize the person. Throughout the day, your child may attend programs that help them to become stable and connect with others. These may include group therapy, individual therapy, art therapy, etc. The schedule is typically posted in the public areas on the unit. Look for signs in the hallway or lounge area of the psychiatric unit to find out what programs are available and when they happen.

When a child is admitted to a hospital, their family is given a formal notice of basic patient rights. These rights cover care and privacy, safety and confidentiality. They also cover freedom from the use of restraints and seclusion for coercion, discipline, retaliation, or staff convenience. ■

WHAT ARE SECLUSION AND RESTRAINTS

Seclusion and restraints are procedures used to prevent a child from harming themselves or someone else. Parental consent for the use of seclusion and restraint procedures must be obtained when the child begins receiving services. Restraints should not be used if a child has experienced physical trauma. Seclusion should not be used for children who have experienced traumatic isolation.

While non-physical techniques are preferred interventions, seclusion or restraints may be used in an emergency if your child is a risk to themselves or someone else and other interventions did not work. When seclusion or restraints are necessary they must be performed by a mental health professional or a mental health practitioner under the supervision of a mental health professional. Your child must be monitored at all times while this is happening. This information will be recorded in their medical record during and after the intervention. Parents or legal guardians must be notified of the use of restraints or seclusions on the same day the procedure is used. You may not be able to visit your child if they are in seclusion or restraints. Seclusion and restraint procedures are outlined in The Joint Commission Standards.

The Joint Commission accredits more than 20,000 health care organizations in the United States.

The following techniques are allowable, only as needed to protect a patient or other people, in emergency situations:

- ▶ Physical escort;
- ▶ Physical holding;
- ▶ Seclusion; and
- ▶ The limited use of mechanical restraints only in an emergency situation.

Physical escort means that the child is being guided or carried to safety or away from an unsafe or potentially harmful and escalating situation.

Physical holding means physical intervention intended to hold a child immobile or limit a child's movement by using body contact as the only source of physical restraint. Staff should release the child as soon as they can safely do so.

Mechanical restraints include the use of devices to limit a child's movement or hold a child immobile. These can include helmets, cloth bands around the wrist, arm, leg or ankle, and soft mittens. Staff should remove restraints as soon as they can safely do so.

Seclusion means the child is placed in a safe room until they are able to be safe. Staff should be monitoring the child at all times so that the child can be released from the room as soon as possible. ■

PERSONNEL ON THE PSYCHIATRIC UNIT

A patient care team or family team will work with your child. The team can include doctors, registered nurses, social workers, occupational therapists and nursing assistants.

Here is a list of typical staff roles and responsibilities:

▶ **PSYCHIATRIST**

A physician who is trained in psychiatry and is in charge of the patient's care during their stay. Other doctors, including medical students or residents, may also assess the patient. The attending doctor supervises the medical students and residents. Attending doctors usually have rotating shifts or may work at other facilities.

▶ **PSYCHOLOGIST**

Gives tests to diagnose the patient and conducts therapy sessions. The psychologist also plans the patient's care while they are in the hospital and after they are discharged.

▶ **ADVANCED PRACTICE NURSE**

Diagnoses and treats illnesses. This person also prescribes medication.

▶ **PHYSICIAN ASSISTANT**

Treats illnesses. This person also prescribes medication.

▶ **REGISTERED NURSE**

Assesses the patient's progress and administers medications. The RN offers emotional support, encouragement, and health education. This person makes sure the patient is safe and monitors the patient's overall health.

▶ **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 (MFT).

▶ **SOCIAL WORKER**

Identifies the patient's social service and therapeutic needs. The social worker helps connect the patient with community resources and makes referrals for services. This person works with the patient, their family, and community providers to explain treatment options and plans. They also coordinate the patient's discharge.

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

Provides routine nursing and personal care. They help the patient with eating, dressing, grooming, and showering. They also go with the patient when they need to leave the unit for walks, medical tests, and therapy. They work under the direction of psychiatrists, psychologists, nurses, and social workers.

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

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

▶ **PATIENT ADVOCATE**

Helps families with issues about quality, appropriateness, and coordination of care for the patient.

▶ **OCCUPATIONAL THERAPIST / RECREATIONAL THERAPIST**

Assesses the patient's ability to function independently. To do this, this person considers many things about the patient. They look at the patient's strengths, behaviors, social skills, and cognitive skills.

They also look at the patient's thought processes, activities of daily living, functional abilities, work skills, goals, and sensory needs. This person helps determine the best living situation for the patient. Many of this professional's responsibilities are important for planning the patient's treatment and discharge.

▶ **DIETICIAN / NUTRITIONIST**

Assesses the patient's nutritional needs and sets up programs to meet those needs. This person also evaluates and reports the results. They confer with doctors and other professionals to match up the patient's medical and nutritional needs.

▶ **CHAPLAIN**

Helps meet the spiritual and emotional needs of patients, families, and hospital staff. ■

QUESTIONS TO ASK

It can be hard to organize your thoughts during this time and you may have many questions. Write them down as you think of them. Try to wait to ask them during meetings; however, if they are time critical, you should call the unit to ask who to talk to, or speak with the unit coordinator. Psychiatrists can be hard to reach. Try to be clear, brief and calm when you talk with the staff. Remember to take notes and avoid repeating the conversation. Conversations that are angry, emotional, or impolite can impact the quality of information you receive about your child.

Here are some questions you might want to ask:

- ▶ Will you consult my child's current psychologist, psychiatrist and/or therapist?
- ▶ How long will my child remain hospitalized?
- ▶ Can I request a family meeting? How often will these meetings be held?
- ▶ Which symptoms are you most concerned about? What do they indicate? How are you monitoring them?
- ▶ How much notice will I be given before my child is discharged?
- ▶ What if I cannot come during established visiting hours?
- ▶ Who do I talk with if I am concerned about patient to patient relationships?
- ▶ Should I be considering day treatment?
- ▶ Will I be consulted before any medication changes are made?
- ▶ What medications are you giving my child, and what are the side effects? Has this been discussed with my child?

- ▶ What is the diagnosis?
- ▶ Should my teenager be committed? (See NAMI Minnesota Booklet *Understanding the Minnesota Civil Commitment Process* at www.namihelps.org) ■

UNDERSTANDING MEDICATIONS

Both patients and parents have the right to ask the staff about medications. The medications your child takes likely will be changed while they are in the hospital.

Four major types of medications are often used to treat serious mental illnesses:

- ▶ **ANTIDEPRESSANTS**

Used to lessen the symptoms of depression. These signs can be low mood, poor appetite, sleep problems, low energy, and difficulty concentrating. These medications can also be used to treat anxiety disorders.

- ▶ **MOOD STABILIZERS**

Used to help regulate moods.

- ▶ **ANTIPSYCHOTICS**

Used to lessen the symptoms of psychosis. These signs can be hallucinations, delusions, and disorganized speech or behavior.

- ▶ **ANTI-ANXIETY SEDATIVES**

Used to lessen anxiety, overstimulation, and trouble sleeping.

For more information on the types of medications used to treat mental illnesses, their side effects, and directions for taking them, go to www.namihelps.org for a fact sheet on the issue. ■

WHOM TO CONTACT WITH CONCERNS

If you have concerns about your child's care or other aspects of their hospitalization, bring them first to the hospital's direct care staff person. 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 Min-

WHAT HAPPENS WHEN MY CHILD IS READY TO LEAVE THE HOSPITAL

Before your child leaves the hospital there should be a discharge plan. This is an individualized plan based on your child's diagnosis and the treatment team's assessment of their future needs. The best thing you can do to prepare for your child coming home is to be involved in the planning process. It is critically important for you to attend your child's discharge meeting. Other people at the meeting may include: the psychiatrist, therapist and county health plan case manager or social worker if there is one.

Whether the discharge plan is discussed in one meeting or in several, this is your family's opportunity to gain a clearer understanding of your child's diagnosis and the services and supports your child needs to do well.

The plan should include:

- ▶ Assessment results and information
- ▶ Your child's diagnosis and continued treatment recommendations (such as medications, possible day treatment, and other potential treatments)
- ▶ A written copy of medication, prescriptions, dosages and possible side effects
- ▶ Signs, symptoms, or conditions that would require a return visit to hospital
- ▶ Suicidal warning signs and a crisis plan
- ▶ Who to call if questions or concerns should arise
- ▶ Community services and treatment options that may be available to help you child get better, including contact information and referrals

Before your child comes home:

- ▶ Contact your child's school and notify them of your child's return. Work with the school to create a crisis plan for the school day.
- ▶ Lock up all medications using a lock box that has a key NOT a combination lock. Include both prescription and over the counter medications.
- ▶ Remove any guns from the home.

Once your child is discharged, remember to take one day at a time. Some days will prove more challenging than others. Building a firm foundation of support will help you know that you are not alone. Visit www.namihelps.org for information on support groups and classes in your area. ■

“I was part of the discharge planning meeting, it gave me a map for planning life once my child came home.”

— FAMILY MEMBER

HOW TO TAKE CARE OF YOURSELF

The journey that led up to this hospitalization has most likely been exhausting. Learning that your child is living with a mental illness does require a period of grieving and acceptance. As mentioned earlier, it is important to take care of yourself. Allow yourself time to come to terms with how life will be going forward. Your child is still your child, and you are still their parent; however, there will most likely need to be some adjustments. For now, while your child is in a safe place, take a deep breath and allow the healing for you and your family to begin. ■

WHERE TO GO FOR MORE INFORMATION

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

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