Psychiatric Hospitalization
What you need to know when a child is hospitalized
PSYCHIATRIC HOSPITALIZATION

What you need to know when a child is hospitalized.

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 booklet 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.

What is 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 illness is no one’s fault.

How Can I 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 them
• Show empathy and tell them you recognize that this is hard for them
• Seek support
• Learn more about your child’s diagnosis, treatment options and the mental health system
• Remember that mental illnesses are medical illnesses whose symptoms are behaviors
• Assure them that they are not alone through this difficult time
• 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 Do I 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 siblings and extended family members, support groups may be an additional option. For the older adolescents, ask them who they want and don’t want to be told of their hospitalization, and respect their wishes.

“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

How Can I 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 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
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 maybe 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 vary hospital to hospital to make time for group therapy and treatment. 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. 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)

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; ipods, DSi, laptops etc.
What Information Needs to 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 for your child. 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, primary care physician, and hospital

Minors’ Consent for Health Care

Minors (under the age of 18) 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). If any of the following apply the minor at their own expense may consent to their own treatment:

- Married minor
- Minor is pregnant or a mother
- Emancipated minor

*For more information read the fact sheet regarding Minor Consent on the NAMI website [www.namihelps.org](http://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.

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 it will be ordered and supervised by a licensed practitioner. Your child will be monitored at all times. This information will be recorded in their medical record during and after the intervention. Parents or legal guardians will be notified promptly of the use of restraints or seclusions. You may not be able to visit your child if they are in seclusion or restraints.

Who Works on the 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; the availability of these professionals will vary hospital to hospital:

- **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.

• **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.
What Questions Should I 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. Doctors 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, therapist, pediatrician, and/or primary care physician?
- How long will my child remain hospitalized?
- Can I request a family meeting?
- Which symptoms are you most concerned about? What do they indicate? How are you monitoring them?
- How often will family meetings be held?
- 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 link on “What does it mean to be committed” www.namihelps.org)
What Do I Need to Know About Medications?

Patients have the right to ask the staff about their medications as does the parent. 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, read the fact sheets at www.namihelps.org.

Who Do I Contact When I Have 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 Minnesota Department of Health at 651-201-4201 or toll-free at 1-800-369-7994. Their e-mail address is health.ohfc-complaints@state.mn.us.

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 would 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 medications, 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 and concerns should arise
• Community services and treatment options that may be available to help your 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 medications (using a lock box that has a key, NOT a combination lock)
• Remove any guns from the home or secure in lock boxes and store ammunition separately (Gun locks are available at NAMI Minnesota)

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

What Can I Do to Take Care of Myself?
The journey that led up to this hospitalization has most likely been exhausting. You have probably been in a state of crisis for a long period of time. 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, some adjustments will most likely need to be made.
• Getting adequate rest will be crucial; it will allow you to work with a clear head and make decisions
• Exercise, go out to dinner with friends, try to participate in some of the activities that you have not been able to participate in
• Ask the hospital staff for resources to help you with this process such as parent groups, peer-to-peer consultant or other referrals
• Allow yourself to grieve. Being the parent of a child living with a mental illness brings with it a host of challenges. As a parent take time acknowledge this difficulty and then work with a family member, friend or professional on a plan that will help you move forward
• If you are finding that you are personally in need of individual therapy, this is completely understandable and may very well help you

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 Can I Get 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.
Children’s Psychiatric Hospitals in Minnesota as of 2013

Fairview Riverside, Minneapolis
(612) 672-6000
Once cleared medically patients are directed to the Behavior Emergency area between 11 a.m. and 1 a.m.

Abbott Northwestern, Minneapolis
(612) 863-4000
If the child is 13 years and older the Emergency Room at Abbott is appropriate for assessment, if the child is 12 and younger the emergency room at Children’s Hospital should be used for assessment.

United Hospital, St. Paul
(651) 241-8565
Only accepts children 12 and up

PrairieCare, Maple Grove
(763) 383-5800 or (888) 977-2474
Children ages 5-17 (18-20 if still in High School)

St. Cloud Hospital, St. Cloud
(320) 255-5704
Children ages 10-18 (18 if still in High School)

Essentia Health, Duluth
(218) 786-2844
Children ages 5-17 (18 if still in High School)

Mayo Clinic, Rochester
Genrose Bldg (507) 255-6373

Prairie St. John’s, Fargo, North Dakota
(701) 476-7216

Regional Behavioral Health, Rapid City, South Dakota
(605) 755-7400

Avera McKenna Hospital, Sioux Falls, South Dakota
(605) 322-4000

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