Psychiatric Hospitalization
What you need to know when a loved one is hospitalized
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 brochure 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.

**What is 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 which can make it difficult to cope with the ordinary demands of life. No one is to blame.

**How Can I 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

**What Do I 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 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.

“Ask me how I am and listen.”
– Hospital Patient
“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

website. As you connect, be willing to accept offers of help and support. You need support, too.

**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 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 schedules, you may have a difficult time calling, or visiting your loved one while they are hospitalized. Many hospitals require the patient to sign a privacy release to allow family members or friends to contact them while hospitalized. When calling the main number, the receptionist will not tell you if your loved one is in the hospital. You will need to ask to be connected to the unit.

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. 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 want visits from friends, neighbors, advocates, specific family members, or their pastor or religious 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. 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, 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.

**What Information Needs to Be Shared?**
When your loved one is admitted to the hospital, the staff will want current information about your loved one 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 includes:

- Medical history summary
- 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
- List of preferred interventions, including medications and therapy 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

“Your notes and the deck of cards brightened my mood.”
– Hospital Patient
what programs are available and when they happen. 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.

Who Works on the 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** – Treats illnesses, including prescribing medications.

• **Registered Nurse** – Assesses your loved one’s progress and provides emotional support, encouragement and health education. The RN also ensures 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 (MFT).

• **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.

**What Questions Should I Ask?**

As soon as possible after admission to the hospital, it can be helpful 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. 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 “What are Data Practices 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 get a hold of. 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 are the medications you are giving them, and what are the side effects? Has this been discussed with him or her?
- What is the treatment plan?
- Why is my loved one on a 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 Does it Mean to be Committed?” section of this brochure.]
- What is the discharge plan?
- How can I help with the team effort?
- How can I help my loved one when they leave?

“What Do I Need to Know About 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.namihelps.org, browse to Education and then Fact Sheets.
How do I Advocate for My 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 healthcare 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/resources; or the NAMI Minnesota website.

What are Data Practices Laws?
State and federal data practice 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, neighbors, advocates or pastors. Caregivers have to be very proactive, both to share and obtain information, and to be included in the discharge planning. 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, Involving Families: Understanding the Data Practices 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 Does it Mean to Be Committed?**
If your loved one is a risk to themselves or others, the hospital may place him or her on an emergency 72-hour hold to assess them. Weekends and holidays do not count toward the 72 hours. Once the 72-hour hold is done, either your loved one 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.*

**Who Do I Contact When I Have 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.ohfc-complaints@state.mn.us.

**What Happens When My Loved One Is Ready to Leave the Hospital?**
The purpose of a hospitalization is to stabilize your loved one. Recovery, though, is a longer process that requires ongoing care, treatment, and support. When it is time for your loved one to leave the hospital, a discharge plan is created.

“I regret that I did not involve friends and family in my treatment planning.”
— Hospital Patient
to plan for continuing support and treatment in the community to aid in their recovery. The individual discharge plan is created by hospital staff and, ideally, with your loved one and you. The plan includes information about follow-up appointments, medications and community support services. To learn more about the adult mental health system, see the NAMI Minnesota booklet, *Hope for Recovery*.

As a family member or friend, your care and support is key to your loved one’s recovery. Knowing how to care and support your loved one once they are home from the hospital is important. During the discharge planning meeting, try to learn all of the details of the plan, ask questions and voice any concerns. However, in order to read your loved one’s plan, you will need a signed release form. If you haven’t received permission, ask the hospital staff for help obtaining the release. If your loved one has a case manager, it is important to provide the information to them as well. If your loved one does not have a case manager, request a referral from the hospital.

### Where Can I Go for More Information?

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

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"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