



Children's Hospital Boston



**Making Sense:**  
**A parent's guide to a child's  
psychiatric hospitalization**

for use in any hospital in Massachusetts



[www.talklisten.org](http://www.talklisten.org)

[www.experiencejournal.com/depression](http://www.experiencejournal.com/depression)

Boston Public Health Commission. Mayor Thomas M. Menino

# Making Sense:

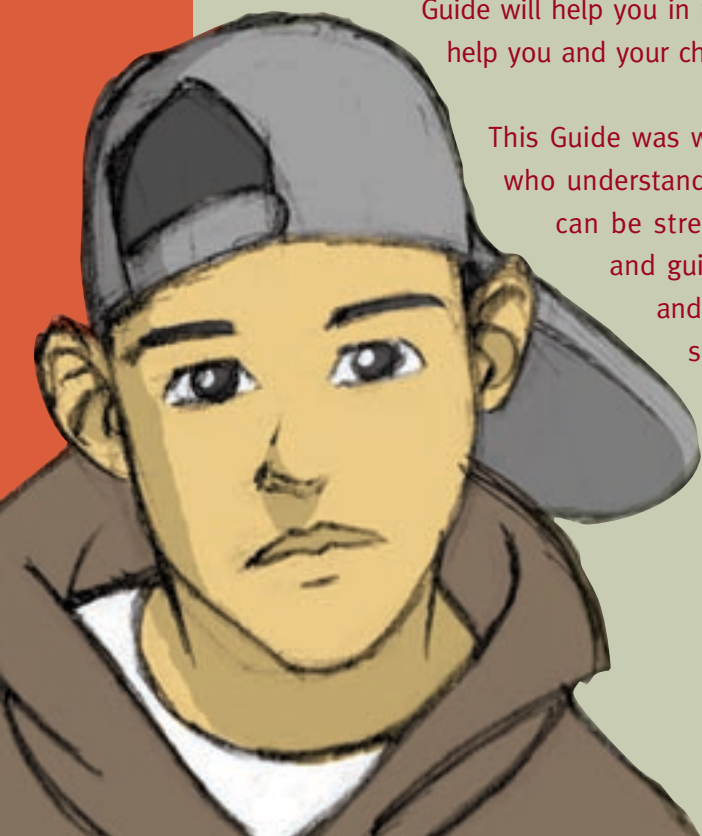
## An Introduction

If it has been recommended or you have decided that your child is in need of psychiatric hospitalization, this Guide is for you.

Hospital treatment is a critical matter for you and your child. Children with very complex and/or intense emotional needs are often unable to make progress without the intensive care provided at a hospital. Your child has undoubtedly been struggling with one of the psychiatric disorders that cause problems with feeling, thinking, and behavior. Intensive psychiatric care is generally recommended when there is a high likelihood of serious harm to self or others and only the hospital setting can ensure your child's safety. Everyone's situation is different, and you may have a lot of questions about what will happen when your child is hospitalized. This Guide will begin to answer some of those questions.

It will help prepare you for what will happen during your child's hospitalization. The Guide will also give you information about your rights as a parent, ways to cope, and questions to ask. We hope that this Guide will help you in managing this experience. Above all, we want to help you and your child as much as possible.

This Guide was written with the help of parents and professionals who understand that having a child hospitalized psychiatrically can be stressful, confusing, and frustrating. The advice and guidance in these pages can help clear up confusion and reduce frustration. And if you are looking for more specific information on mental health issues such as depression, anxiety, substance abuse, and others, please visit our websites at [www.talklisten.org](http://www.talklisten.org) or [www.experiencejournal.com/depression](http://www.experiencejournal.com/depression). With this information in hand, you can be a more effective source of support for your child, your family, and yourself.



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# Preparing for your child's psychiatric hospitalization

Psychiatric disorders cause distressing and disabling problems with feeling, thinking, and behavior. Parents have many different reactions to the experience of having a child hospitalized for these disorders. It can be frightening or upsetting that their child needs to be hospitalized or it can be a relief that their child is getting help for his or her symptoms. Parents can also experience feelings of guilt, shame, sadness, or anger that their child is struggling with psychiatric illness. Many parents experience all of these feelings as they struggle to come to terms with their child's hospitalization. As with a child who is physically ill, hospitalization for a psychiatric illness often feels overwhelming in the beginning. This guide was created to help you in managing this experience.

In the hospital parents are faced with a new setting that can be overwhelming and frightening. Parents have to give up many of their caregiving responsibilities to the hospital's team of caregivers. Some parents feel "left out" when this happens. Parents sometimes worry about being evaluated or criticized by caregivers in the hospital, especially if their child has behavior problems. They may feel inadequate as parents if staff is better able to gain cooperation from their child.

## **Ask who is on your child's treatment team and which clinician is in charge of your child's care**

There will be many doctors, nurses, and therapists involved in your child's care. When multiple care providers are involved, there may be times when people have different ideas and opinions about your child's treatment. Some parents may find this confusing or worry that "no one knows what is going on." It is very important that you find out the person who leads your child's treatment team and stay in communication at meetings or by phone. It is important to ask the health care providers questions about different treatments recommended in order for you to be able to make a decision that is in the best interest of your child.



“When our daughter was first admitted, it felt too sudden. We couldn’t believe that we couldn’t do it ourselves.”

“For us, the admission was not traumatic. We knew that it was what we needed to do to help him.”

“We had a record of all of his care up to that point, and we brought it with us. We gave it to the hospital staff and they really read it.”

It is useful to get the names, roles, telephone numbers, e-mail addresses and other contact information from your child’s treatment team members. A detachable resource list form is available at the end of this Guide.

### **Remember that you are an essential part of your child’s treatment**

You know your child better than anyone else. You can help your child’s team of caregivers (treatment team) by sharing how your child reacts to stress and what has been helpful in the past. You can let the team know of your child’s strengths and what he or she enjoys.

Your child’s team of caregivers is responsible for communicating with you and should tell you how they understand your child’s problems and what is their proposed treatment plans. If you have questions that are not answered, you should ask as many questions as you want. You should feel free to approach the therapist who leads your child’s treatment team.

**“Do not feel intimidated because you feel members of the treatment team know more than you.”**

**“The most important thing for parents to know? That they need to ask as many questions as they want to ask, and to know that the staff, doctors, and therapists are very approachable... They are approachable but they need to be approached...”**

# About inpatient psychiatric treatment

## General Overview

Inpatient child psychiatry units are designed to care for children with a wide range of psychiatric illnesses including disorders of depression, anxiety, behavior, and thought. Some units specialize in treating children with physical illnesses who also have emotional or behavioral difficulties. Others help children with eating disorders. Most units provide family-oriented psychiatric assessment and treatment for children and adolescents who are having difficulty managing troubles outside the hospital. The primary goal is to reduce the problems that brought about your child's admission and return him or her home (or if necessary to a setting that is suitable for ongoing care).

## Admissions

Generally, your child will be admitted to the hospital following a medical and psychiatric evaluation in response to a crisis. The admission usually will be completed by a nurse and one of the therapists on the unit. They may or may not be part of your child's ongoing treatment team depending on the time of the admission. If your child is under 18 years of age, you as legal guardian will be asked to sign your child into the unit.

**In Massachusetts, a parent or a child over the age of 16 years can request discharge from a psychiatric unit by providing the hospital with 3 working days notice of their intent.** When discharge is requested, a child's treatment team will assess the readiness of the child for discharge. In most cases, the treatment team will be in agreement and discharge occurs. However, in circumstances where the treatment team believes that a child is at serious risk of harm to self or others, they may disagree. In these situations, the hospital is allowed to keep a child in the hospital for the 3 working days before appearing before a judge to give reason that a child cannot be safely discharged.



**You may hear the term “commitment,” “section 12” or “pink paper.”**

This refers to the Massachusetts’ law in which children can be hospitalized against their or their guardian’s will. It occurs when a licensed physician, psychologist, or psychiatric nurse determines that a child with an emotional illness is at substantial risk of harm to him/herself or other persons. Commitment is only used to hospitalize a child when there is serious concern about his/her safety and the parent (or child 16 years or older) does not feel comfortable signing an admission form. The hospital wishes to work well with parents and avoid commitment. It is only used when it is deemed absolutely necessary to protect a child. Legally, you have the right to a voluntary admission if you prefer it to a commitment.

**There will be several other forms that you may be asked to sign including consents to contact any outside treatment providers.**

This may include your child’s therapist, psychiatrist, primary care doctor, school, and other providers who are involved in your child’s care. Since your child will be an inpatient for a limited time and will likely return to the care of his or her outpatient providers upon discharge, this contact is important to developing an effective treatment plan for your child. If you have doubts about signing any forms, you should discuss this with the therapist who leads your child’s treatment team.

## **The Treatment Team**

When a child is admitted to the hospital, he or she will be assigned to a treatment team. This usually includes a therapist or case clinician within that team who will manage your child’s care. The teams may include psychologists, social workers, psychiatrists, nurses, pediatricians and dieticians. If the hospital is a teaching hospital, trainees in any of these disciplines may be included in your child’s treatment team. Members of each treatment team meet daily to review your child’s progress, behavioral changes, medical and nutritional needs, contacts with outpatient providers, and discharge planning.



Because there may be many different people involved in your child's care, it is important to know what role each person plays. Below is an explanation of the possible roles that providers may have with your child.

“Know as much as you can about with whom you are speaking”

The **therapist or case clinician** is generally a social worker, a psychologist, or a psychiatrist. This is the staff person who will work most closely with your child and family on a daily basis. **In most cases, the therapist is the leader of your child's treatment team.** The therapist will generally meet with your child several times each week to provide individual therapy and will meet with your family once or twice a week. If the therapist is a social worker or psychologist, a psychiatrist will be assigned to prescribe any medication. The therapist also will be responsible for contacting your child's outpatient providers, making recommendations for additional service needs and coordinating your child's discharge and aftercare plan. **If you have questions about your child's treatment plan or care, the therapist or case clinician is the primary person to contact.**

The **child and adolescent psychiatrist** generally reviews each child's progress on a daily basis and is involved in decisions about medication changes, treatment issues, and discharge planning. Child and adolescent psychiatrists are physicians who specialize in evaluating and treating children and adolescents with psychiatric disorders. Contact the psychiatrist if you have any questions about your child's treatment that have not been addressed by your child's therapist.

The **nursing team** is comprised of **registered nurses** and/or **mental health workers**. Registered nurses have completed college level training in nursing and have elected to specialize in psychiatric nursing. Mental health workers are generally college graduates with backgrounds in psychology and child

work. Depending on the unit, they are also called nursing assistants or milieu counselors. The nursing team provides the direct supervision and daily care of your child, and will usually be the first contact when you come onto the unit. The nursing team works closely with the therapists and doctors to develop your child's treatment plan, assess your child's response to medications and behavioral interventions, and make recommendation for changes. The nursing team also works closely with the family to provide teaching and help with your child's return to home.

Many units have a **pediatrician** and/or **nurse practitioner** who will provide a physical exam shortly after your child is admitted to the hospital. On those units that do not, the psychiatrist does the physical examination and consults with a pediatrician if necessary. He or she will order any necessary lab tests or procedures your child may need and will be involved in managing any medical issues during your child's hospitalization.

Some units have a **dietitian** who may be involved if your child has any special nutritional needs or eating issues. He or she will assess your child's nutritional needs, ask about home dining patterns, monitor weight and vital signs, and adjust meal plans as necessary. The dietitian also works with the team to develop a concise discharge plan addressing nutritional and aftercare plans for children with eating disorders. If there is no dietitian, nursing staff can help address any specific nutritional needs.

The **therapeutic recreation specialists, activity therapists, or occupation therapists** are often present to provide group structure for your child to promote interaction with other children, assess motor skills and ability to concentrate, and teach children ways to productively use free time and develop new coping skills.

On some units, there are **teachers** who coordinate with your child's school to better understand your child's learning needs, facilitate a plan to help your child complete school work while hospitalized, and make recommendations for additional services or testing your child may need. They provide tutoring to patients while they are hospitalized.

“It was comforting to know that he was in a safe place.”

Each unit will have a **Program or Unit Director** who oversees all aspects of the program. This individual is generally a senior psychologist or psychiatrist. Most units, when the Program Director is not a psychiatrist, also have a **Medical Director**. This is a psychiatrist who is responsible for oversight of medical and medication issues. Each unit will also have a **Nursing Director** who supervises nursing staff and recommends how to manage children who are having a difficult time. Depending on the unit, the actual title and discipline of these positions varies. The key point is that each unit will have an individual or individuals overseeing the inpatient unit. They are available to meet with parents who have unanswered questions or concerns about their child’s treatment.

## Ages of Patients

The age range of children likely will vary depending on the unit. In most cases, the units are divided into those for younger children (generally less than 12 years) and those for adolescents.

## Safety

Each unit uses different measures to ensure your child’s safety. These can include doors that are locked at all times and a sign-in system to protect the unit from unauthorized visitors. Also, staff will likely hold any smoking materials, medication, or sharp objects that you may have while you are visiting. This is done for the safety of all children on the unit. Please do not be offended when staff goes through clothing or personal items that you bring in for your child. An example of this is when staff restricts CDs from the unit, as these could be considered unsafe for some children.

Bathroom doors may be kept locked. This is another safety measure that allows staff to monitor children closely and provide observation or assistance if necessary. Please be assured that a staff person is available 24 hours a day to provide your child quick access to the bathroom at any time.

## **Language**

If language poses a barrier for your child or family during the admission, Massachusetts state law provides protections. The Interpreter Law requires inpatient units to use competent and trained interpreters for individuals of limited English. If your child or family faces this problem, you should ask for an interpreter.

## **Meals**

Children generally eat meals together, family style, with staff. It is important that parents make staff aware of any special dietary needs your child may have.

## **Visiting/Telephone/Computer Use**

Because children in the hospital spend much of their day in classes, groups, or appointments, visiting hours may be limited during the week. Most units may be able to make special exceptions to accommodate specific scheduling needs or to coordinate visits with meals or family meetings. On admission, you should be told about the visiting hours. If you have questions about visiting hours, check in with the nursing staff or your child's therapist. If you are unable to visit during the normal visiting hours, you should discuss this with your child's therapist.

Parents are often asked to complete a visitor list to indicate the friends and family allowed to visit as well as people restricted from visiting. On this list you can indicate concerns you have about any restrictions placed on telephone contact and mail received. The unit will only impose such restrictions in extraordinary circumstances – when in its judgment the health and/or safety of your child would be adversely affected. In most units, a parent or guardian of the patient must supervise visitation of siblings or friends under age 18.

You should ask if there are specific patient telephones available to your child and the hours that they are available. It is best to schedule your telephone calls around meals and unit activities. You should have a telephone number to reach your child's treatment team or a staff person

on the unit. You should feel comfortable calling the office at any time to share concerns or if you cannot reach your child. Cellular phones are also restricted from use on inpatient hospital units. Internet access is not a readily available option on most inpatient units. Most units feel it is too difficult to monitor. If you have questions about access, check in with the nursing staff or team leader.

## Spiritual Practices

Pastoral services can usually be arranged through the hospital for persons of all different faiths, or you may arrange for a religious leader from your community to visit.

## Passes

As your child's treatment on the unit progresses, he or she may be allowed to take planned passes off the unit. Time off the unit is important in helping you and your child reestablish skills and comfort in being together outside the unit. You and your child may be encouraged to work on agreed upon goals by your treatment team to practice during your time off the unit. Passes or "leaves of absence" can vary from a 15-minute walk off the unit to a few hours at home. Passes are planned with the treatment team.

## Paying for the Hospitalization

Many parents are concerned about their ability to pay for their child's hospitalization. Trying to figure out how to pay for your child's hospital bills can be confusing and stressful. You're not alone. Insurance is usually the primary method of payment for an inpatient hospitalization. The crisis clinician who determines that your child needs hospitalization will obtain initial authorization from your insurance company before your child is admitted. In some circumstances, the unit's intake or admission worker may obtain the authorization.

**If you have insurance, learn about your mental health benefits.** Most insurance companies have a mental health toll free number (generally found on the back of your insurance card) to answer questions about benefits. You can contact your insurance company and inquire about

coverage, including: number of days of inpatient care allowed per year, any co-payments or deductibles that are your responsibility, and whether the unit you choose is considered “in-network” or “out-of-network” for your insurance plan. States, such as Massachusetts, have laws that require managed care companies to have internal appeal systems in place if care is denied and you or your treatment team disagree. In addition, Massachusetts provides an external appeals protections within the Department of Public Health in the Office of Patient Protection.

If you do not have health insurance or you do not have enough to cover your child’s hospital bills, there are options. First, find out if you are eligible for one of the state-funded health programs, such as MassHealth or the Children’s Medical Security Plan. These programs have income requirements, but if you qualify they will help pay for a wide variety of services, including hospital care. Second, if you cannot get those, or they do not cover everything, apply for the Free Care Pool through your hospital. This is a plan for Massachusetts residents that can only be used for hospital bills. Immigrants can also apply.

**You can find out if you are eligible for these programs, by calling the Mayor’s Health Line in Boston at (800) 847-0710. Your child’s clinician can help you with this process. Each unit generally has an identified staff member (e.g., Patient Care Coordinator or intake worker) who is available to assist with any questions that arise related to financing your child’s stay in the hospital.**

## Your child's hospitalization

No parent wants to see his or her child in the hospital. Therefore, the staff is devoted to getting your child home as quickly as possible. Your child's treatment team will work with you and your child to complete an assessment and develop a treatment plan. The plan is designed to address the issues and symptoms that brought your child to the hospital. The plan likely will include individual, group, and family therapy, and, as indicated, a medication evaluation. Your child's treatment, depending on his or her reason for admission, may include consultation with a dietician or with other medical specialists. In addition, the team will assess your child's need for outpatient care after he/she is discharged. The team will work to connect you and your child with these services before discharge.

### How will my child spend the day?

During the week children on inpatient psychiatry units have very structured days. Their schedule provides time for individual, group, and family therapy. Many units have made arrangements for schooling to continue during the hospitalization. Special arrangements for visiting can be made to accommodate parents' schedules or to coordinate a visit with a planned family meeting. Weekends are generally less structured to give your child some time to rest after a busy week and to spend more time with family.

### Your child's therapy

The therapist will meet individually with your child several times each week to build a relationship with your child, gain some understanding of your child's problems, and develop a treatment plan. The meetings usually involve talking, and may also involve drawing, role-playing, and other methods like these. While some of these methods may seem like games, they are actually ways to teach new skills and to help you and your child discuss things that are difficult to talk about directly. The focus is also on learning new behaviors and coping with problems. The therapist also will assess your child and make recommendations for medications if necessary.



“I would tell parents to remember that you’re the people who are going to do the work.”

“The people in the hospital recognize that they are not just working with an individual, but with a family unit.”

Group therapy brings together children who are dealing with similar difficulties and who are usually in the same age range. Under the guidance of one or two counselors, groups meet on the unit to go through a process that involves talking, role-playing, and sharing stories. The groups are often designed to promote self esteem and safety. Groups help your child understand that he or she is not the only one having difficulty.

## Family therapy

Your involvement is critical to your child’s treatment. You have the greatest understanding of how your child responds to stress and what has been helpful in the past. You are asked to bring to the first family meeting any medical records and psychiatric or school testing if it is available. It is also a good idea to write down any questions or suggestions you might have pertaining to your child’s treatment. This may be a list to which you add ideas or questions on an ongoing basis (see sheet at the end of the guide).

You will likely be asked to attend several family meetings per week. These meetings provide an important opportunity for the family to improve communication, identify stumbling blocks to getting along, and plan what they would like to change at home. It is possible that some family members may become upset during these meetings if sensitive issues are addressed. Some family members may need to leave meetings for a time to calm down before returning to the meeting. The staff on the unit will support family members so they may return to the meeting as soon as possible.

Your child is in the hospital for a limited time, and then most likely will return home to live. Family meetings are a critical piece of your child’s treatment for a smooth transition home. You are letting your child know that you care, you don’t blame him or her, and you are trying to help.



## Medication

There are chemical signals in every person's brain that affect how that person thinks, feels, and acts. If these signals change, the person's emotional state may change. Medications that work with a person's chemical signals can often have a positive effect on specific emotional problems. A wide variety of medications are available to treat particular symptoms and emotional conditions. For example, some medications target depression, while others are for excessive anxiety, agitation, and so on.

However, not every child treated in the hospital receives medication. Your child's treatment team may recommend medication if they feel it could decrease your child's symptoms or provide some relief for his or her distress. The psychiatrist will discuss with you the possibility of using medication as a part of your child's treatment. The psychiatrist must fully explain to you the potential benefits and risks associated with each medication.

**Medications cannot be ordered without informed consent from parents, except in emergency situations when parents cannot be reached.** The only time a child should receive medication without your consent would be in an emergency situation, and you would be notified as soon as possible.

## Helping your child cope

Once you arrive at the hospital, it is important to find ways to make the transition and your child's stay as easy as possible. It is normal for a child to show a range of feelings that are different from behaviors seen at home. Your child's response to the hospital will depend a lot on his or her age and development. Your child's treatment team is available to help you support your child in making the transition onto the unit.

### **Acknowledge your child's distress**

Support your child in making this difficult transition. Reassure your child that he or she will be in the hospital for as short a period of time as possible. The average hospital stay is approximately two weeks, but this is highly variable depending on your child's needs. His or her stay can range from a few days to several weeks. Remind your child that he or she can best help with his or her care by speaking honestly and openly about the issues that brought him or her there. Avoid promising when your child can leave the hospital or placing blame on him or others for the hospitalization.

### **Make your child comfortable**

During the hospitalization, it is reassuring to have some familiar belongings from home. You can bring several changes of comfortable clothes and pajamas, toiletries, comforter, and pillows. Younger children may want to bring a few favorite toys or stuffed animals. Teens may want to bring a radio. It's also acceptable to bring books, journals, and pictures of family and friends. Due to safety concerns, any electronics should be battery operated rather than having a power cord. Any pictures should be in plastic frames, as metal and/or glass frames are not allowed. Nursing staff should give you a list of what is allowed or not allowed. The staff should answer any questions you may have about what to bring in for your child.

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## **Plan visits and transitions**

Let your child know when you will be leaving and when you will return to the hospital. Younger or anxious children may need additional support to cope with parents' coming and going. If your child is having a particularly difficult time saying good-bye, staff can help you to develop a separation plan and they can spend time with your child as you leave the unit. It is also helpful to plan phone call times to check in with your child during the day. Staff can help you identify the best times to call when your child is not participating in a group or meal.

## **Discuss treatment decisions with your child**

It is important that your child understands that you are an important member of their treatment team and that you are actively involved in decisions affecting his or her care. Discuss team recommendations for medication or behavioral changes with your child, so that he or she is assured that you are involved in treatment decisions.

## Helping your family cope

**“We have [several] children. In order to keep things stable for everyone, I would visit the hospital while my wife stayed home with the others. We were lucky to have the resources to do that...”**

**“With one in the hospital and the other at home, I had to be there for both of them.”**

The experience of having your child admitted for a psychiatric hospitalization can put strain on all family members. There are time demands that can affect parents' work situation, personal relationships, and siblings. There is also the dilemma of deciding how to talk about a psychiatric illness and fears of how people will respond. Many parents find that having a child hospitalized is overwhelming at first, but gradually they find ways to cope while supporting themselves and their child. It can be helpful to acknowledge the stress of the hospitalization and try to plan ways to cope.

### **Prioritize**

Most parents acknowledge that their family is their number one priority. It is essential that you are involved in your child's treatment and available to support your child during this difficult time. The hospital staff can try to schedule meetings at a time that will be least disruptive to your work schedule. Visiting time can be coordinated around family meetings or meals. It is also important to plan for time at home with the rest of the family. Often it is difficult to make time for commitments, errands, or housework that may be part of your usual routine. Try to prioritize which of these everyday tasks need to be done and which can wait.

### **Accept help**

When a parent is focused on supporting a child in crisis, a regular schedule can be stressful or impossible. Some parents find it difficult to ask for or to accept help, particularly when they are accustomed to juggling busy schedules and have always managed in the past. This is a time to reach out to family and close friends. There are



many small ways people can offer support. They could watch other children while you are at the hospital or provide transportation to after school activities. They could make a meal, run errands, or walk the dog. They might even take a turn visiting your child in the hospital. People who are concerned about you and your family may be looking for ways to help and often feel reassured if they can contribute.

### **Schedule special time**

Since having a child in the hospital is time and energy consuming, it is important to find time to spend with the rest of the family. Some two-parent families find that it is most helpful to have one parent plan a special evening with the children at home while the other visits a child in the hospital. For single parent families, it can be helpful to involve other family members in visiting as well as helping with the children at home, so that your child in the hospital and those at home all get some of your time. Also, it is important for parents to plan to spend some time alone together to stay connected and support each other.

### **Talk with someone you trust**

Some parents have shared that they felt overwhelmed during the time their child was hospitalized. Some have expressed feelings of guilt, fears that somehow their actions may have caused their child's illness. Some parents feel isolated and alone. Others may be overcome by sadness, fearing their child may not fully recover or be able to achieve their previous goals. It is important to have an outlet to talk about these feelings. The hospital staff is certainly available to provide support. It is also important to stay in touch with the people close to you who will be available after your child returns home. Ask about family support groups in your community.

Discussing a psychiatric illness can sometimes bring out surprising responses in people. Many close friends and family members may have had some

“When your child is in the hospital, and it seems like there is no time, it’s important to recognize small ‘chunks’ of time and use them. I used commuting time as quiet time . . .”

“It’s important for parents to foster connections within the community. I feel like part of my job is to make the rest of the world understand what hospitalization is: not punishment, but help”

experience with a loved one who became depressed or needed a psychiatric hospitalization. They may be able to provide some insight or support. Some people in the community may have very strong ideas, be judgmental or try to assign blame. This reaction often comes from a lack of understanding about mental illness, and societal stigma attached to it. Unfortunately, these people sometimes surface in the most unlikely places like a church or a school.

You may choose to be cautious with unenlightened individuals, sharing only basic information, while utilizing sympathetic people who understand mental illness to elicit support for yourself and your family.

When you share information about your child's hospitalization, you may be cautious at first, "testing the waters" to see how a friend or relative may react. It will quickly become evident whether someone will be supportive or not. You can then judge how much information to share about your child's illness and hospitalization. Remember that your own feelings about your child's hospitalization are probably influencing how you imagine others will react. When your child is first hospitalized, your own feelings of stress, guilt, shame, or disappointment may bring out similar reactions from friends and family. As you come to terms with your child's illness and hospitalization, you may find that it is easier to share information and to elicit support from friends and family.

## Going home

Before your child can go home, he or she must show a decrease in the symptoms that brought him or her to the hospital and an improved ability to cope with his or her illness. Both you and your child must have a clear plan about how to manage at home, how to address safety issues and what to do should your child's symptoms return. Please remember that your child's stay in the hospital is meant to help stabilize him or her while in crisis. It is meant to give you and your child some skills to cope if his or her symptoms worsen in the future. **Hospitalization may be a critical part of your child's treatment, but it is just one piece of an ongoing process. It is important that your child continues to get treatment after discharge to maintain his or her health and to help prevent future inpatient admissions.**

**“When my child was discharged from the hospital, people would ask us, ‘Is he better?’ We said, ‘He’s a lot better than he was.’ ... It’s important to remember that this is an ongoing struggle ...”**

**“...a work in progress”**

Going home from the hospital usually brings relief to children and families. It also can be stressful and raise other concerns. Some parents worry about their ability to keep their child safe at home. Others may be concerned about how their child will return to school and the response they may get from peers. Also, there is fear of a relapse. Everyone on the treatment team wants your child to get home as soon as possible, but it's important to be prepared.

### **Talk with your child**

Understand how your child feels about going home and help him or her address any worries she or he may have. Your child's treatment team will help you talk about what happened before coming to the hospital, and work with you to develop a plan to deal with potential problems. It is important for your child to have a clear picture of who to talk to if he or she is under stress or having trouble coping.



## Returning to school

Going back to school can be very stressful. Many children worry about what to say to their peers about their absence from school. Some children are comfortable talking about their illness, others may worry about being teased or labeled. Parents can help by talking with their child and making a plan about what to say. Some families are more comfortable explaining their child's absence citing a medical reason. Others may feel comfortable talking about their experience and taking the opportunity to teach people that psychiatric illness, particularly depression can affect anyone. It's important for you to decide which approach is most comfortable for you and your child. The hospital staff can help you and your child find the right words to help ease the transition.

Schools are usually helpful in working with a child and family to make the transition from the hospital to school. It may make sense for your child to try partial days for a short time or to have a decreased workload until he or she is ready to take on his or her usual routine. The plan for returning to school should be part of your child's discharge plan, so that both you and your child know what to expect during those first weeks at home. Families should be prepared to speak with the treatment team about the key school personnel regarding the child's hospitalization, medications, and confidentiality issues upon return to school.

## Medications

If your child has been prescribed medications while in the hospital, it is hospital's responsibility to inform you of your child's medications: the name, dosage, and administration time(s). In addition, you should understand the symptoms being targeted by and potential side effects of each medication. Nursing staff can help answer questions about how to give the medication, how to adjust the times to fit your child's schedule, and safety issues around storage and administration. Before leaving the hospital, medication dosages and times will be written on your child's discharge form and reviewed with you by a nurse. It's important to continue all medications as prescribed after your child returns home. If you have concerns about any medication dosages or side effects, please contact your outpatient psychiatrist before making any medication changes.



“The first days at home can be terrifying.”

## Safety planning

Some parents experience anxiety when they are preparing to take their child home from the hospital. You may be worried about your child’s safety or fear a relapse. It’s important to talk about these concerns before leaving the hospital and to anticipate how to handle problems should they arise. Your child’s clinician and nursing team will work with you and your child to develop a plan to use at home should your child’s symptoms worsen. You and the clinical staff will review with your child who he or she will talk with if she or he is distressed and who you will contact if you become concerned about your child’s safety.

## Family Stabilization

Family Stabilization Teams (FST) are voluntary services in which counselors come into your home to help your family reduce the likelihood of your child being re-hospitalized. These services include intensive family and individual counseling. Often the counselor is available 24-hours a day. The length of these services depends on the needs of your family. The goals of the FST include the introduction of new daily living and problem-solving tools, strengthening family involvement in ongoing treatment planning, and coordinating behavioral health care with medical care. These services are often put into place at discharge as part of your child’s return to home. These services are not available to all patients, as some insurance companies do not offer them.

## Aftercare appointments

Before leaving the hospital, you will receive a discharge form that lists aftercare appointments for your child. It is very important that your child keeps these appointments to insure that the outpatient treatment team is available to support you and your child. Your child will most likely need to see an individual therapist and it is possible that there will be a recommendation for ongoing family therapy. If your child has started taking medication, he or she will also need an appointment for a psychiatrist to monitor the effects of the medication, adjust dosages, and write new prescriptions. If your child has eating issues, he or she may also need regular appointments with a dietitian and pediatrician. While these appointments can be

time consuming and inconvenient, outpatient supports can have a tremendous impact on your child's ability to function outside of the hospital.

### **Return to a normal routine**

It will take a while for life to return to normal. Before coming to the hospital, your child may have had a full schedule including school, activities, and social events. It may be overwhelming for your child to resume a full schedule right away. If your child has eating issues, he or she may need to restrict his or her activity for some time. Even a large family gathering that your child may have previously enjoyed may now feel difficult or stressful. Talk with your child to decide what he or she can handle. It may make sense to delay some planned events until your child feels better able to cope.

### **Remember to support yourself**

Sometimes it can be very difficult for parents to bring their child home. Parents worry about their child's safety, if they are able to provide enough supervision, or if they can manage conflicts without putting additional stress on their child. Parents will still need to keep in touch with friends and family who understand and can offer support.

# Frequently Asked Questions

**Q: How long will my child have to stay in the hospital?**

**A:** Length of stay varies and is determined by the reason for admission and the progress that your child makes on the unit. It is our goal to make your child's stay in the hospital only as long as is needed to address what brought your child to the hospital. Specific questions about length of stay should be addressed to your child's treatment team.

**Q: How old are the children on the unit?**

**A:** The ages on different units vary. In most cases, however, younger and school-aged children are separated from adolescents.

**Q: Can I stay with my son while he is an inpatient?**

**A:** Unfortunately, no. Parents cannot stay overnight in the hospital. There are not appropriate accommodations for you to stay overnight. However, be assured that there is staff available 24 hours/day to ensure your child's comfort and safety. You could inquire about local accommodations.

**Q: Will my daughter or son have her or his own room?**

**A:** Usually not. Most of the patient rooms are semi-private rooms with 2-3 patients.

**Q: When can I see my son or daughter?**

**A:** Visiting hours vary depending on the unit. Be sure to ask about visiting hours when your child is admitted.



**Q: Can other people visit my child?**

**A:** Each unit has its own rules about visiting. Your child's treatment team will ask you for a list of people (friends or extended family) who have your permission to visit. These visits should be pre-arranged with the team. Most units have age restrictions and younger children must be accompanied and supervised by a parent/guardian of the patient.

**Q: Does my child wear regular clothes while he is in the hospital?**

**A:** Yes. You can bring comfortable clothes for your child to wear, such as play or school clothes. You also should bring pajamas.

**Q: What other things should I bring?**

**A:** It is a good idea to bring some things that will make your child comfortable, such as a blanket and/or pillow. Each unit has specific rules about what items are allowed in patient rooms, but items such as photos, books, posters, stuffed animals, a journal, stationery, and hair care products are usually allowed and may help your child feel more at ease. Anything sharp (razors, pins, scissors, glass or metal picture frames) or other items that may not be safe for the children on the unit should be left at home. Please do not be offended when staff check any belongings that you bring to your child; this ensures their safety. Remember that staffs have more experience about what may or may not be considered "safe."

**Q: How do I get in touch with my child?**

**A:** Some units have telephones for families to contact patients. Other units have other systems set up for families to be in touch with patients. Ask about phone contact when your child is admitted. Also inquire about internet/e-mail access.

**Q: What will my child eat while he or she is in the hospital?**

**A:** Meals are usually served family style, with patients and staff eating together. There is generally one meal selection, but some children on the unit have special diets, depending on their medical or dietary needs. You can let the staff know if your child has any dietary restrictions.

**Q: What about school?**

**A:** On most units part of the day is dedicated to school. How this is organized also depends on the specific unit where your child is staying.

**Q: Who are the clinicians on my child's treatment team?**

**A:** There are many members of your child's multidisciplinary treatment team: an attending psychiatrist, a case clinician, a pediatrician, nursing team, a nurse practitioner, a dietitian, a recreational therapist, and a teacher. Each of the members of your child's treatment team plays a critical role in his/her care. Please refer to the "treatment team" section of this manual (p. 6) for more detailed descriptions of their roles.

**Q: With so many people involved, whom do I ask about my child's progress?**

**A:** The primary person to ask about your child's progress and treatment is his or her case clinician/therapist. If they are not immediately available, you can leave a message, which will be returned as soon as possible. The nursing staff person who is on duty at the time you call can answer questions about how your child is doing or how he or she is spending the day. The staff member assigned to your child during each shift is available to answer questions that arise on evenings and weekends.

**Q: Will my child have medication changes without my knowledge?**

**A:** No. It is the law that parents must give consent for additions or changes in medications. Make your wishes clear about how you feel about medication changes. Only in the case of emergency would medication ever be administered to your child without your prior knowledge. In such a case, every effort will be made to get in touch with you as soon as possible.

**Q: What do I tell other people about where my child is?**

**A:** This is a question that most parents struggle with at some point during their child's hospital stay or admission. Be selective. Know with whom you are speaking. Use the hospital staff to discuss how to talk about your child's hospitalization with family, friends, and other community members. Involve your child in this discussion. Remember that different people are going to have different reactions, some you will expect, and some will surprise you. You may be pleasantly surprised at how supportive one person is, while being disappointed at another person's reaction. Remember that you can choose how much information to share.

# Essential Information and Telephone Numbers

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Admitted: \_\_\_\_\_

SS#: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Insurance#: \_\_\_\_\_

Insurance Mental Health Phone # on back of insurance card: \_\_\_\_\_

## Hospital:

Main Phone #: \_\_\_\_\_ Inpatient Unit Phone #: \_\_\_\_\_

## Treatment Team:

Case clinician/therapist Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Treating Psychiatrist: \_\_\_\_\_

Phone #: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Team Leader/Other: \_\_\_\_\_

Phone #: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Inpatient Director Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Child's Diagnoses: \_\_\_\_\_

\_\_\_\_\_

Medications: (request medication information sheets)

Name	Dose	Frequency Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Meeting Times: \_\_\_\_\_  
\_\_\_\_\_

Patient Relations at the Hospital or Hospital Ombudsperson #: \_\_\_\_\_  
\_\_\_\_\_

Question(s) on back of page:  Yes  No



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This guide is prepared by the Department of Psychiatry at Children's Hospital Boston under the direction of David R. DeMaso, MD with special help from Kate Ginnis, LICSW, Cheri Sinclair, RN, William R. Beardslee, MD, and Nancy Anthony. The families that we serve, the Child and Adolescent Mental Health Advocacy Initiative at Children's Hospital Boston, and the Boston Public Health Commission's (BPHC) Mental Health Coalition have provided input and valuable insight into this project.

This project is supported by a grant from the Sidney A. Swensrud Foundation & the Boston Public Health Commission, Mayor Thomas M. Menino.

The design and production is supported by the Klarman Family Foundation.

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