

Adolescent Behavioral Health Unit at Tacoma General

Introductions

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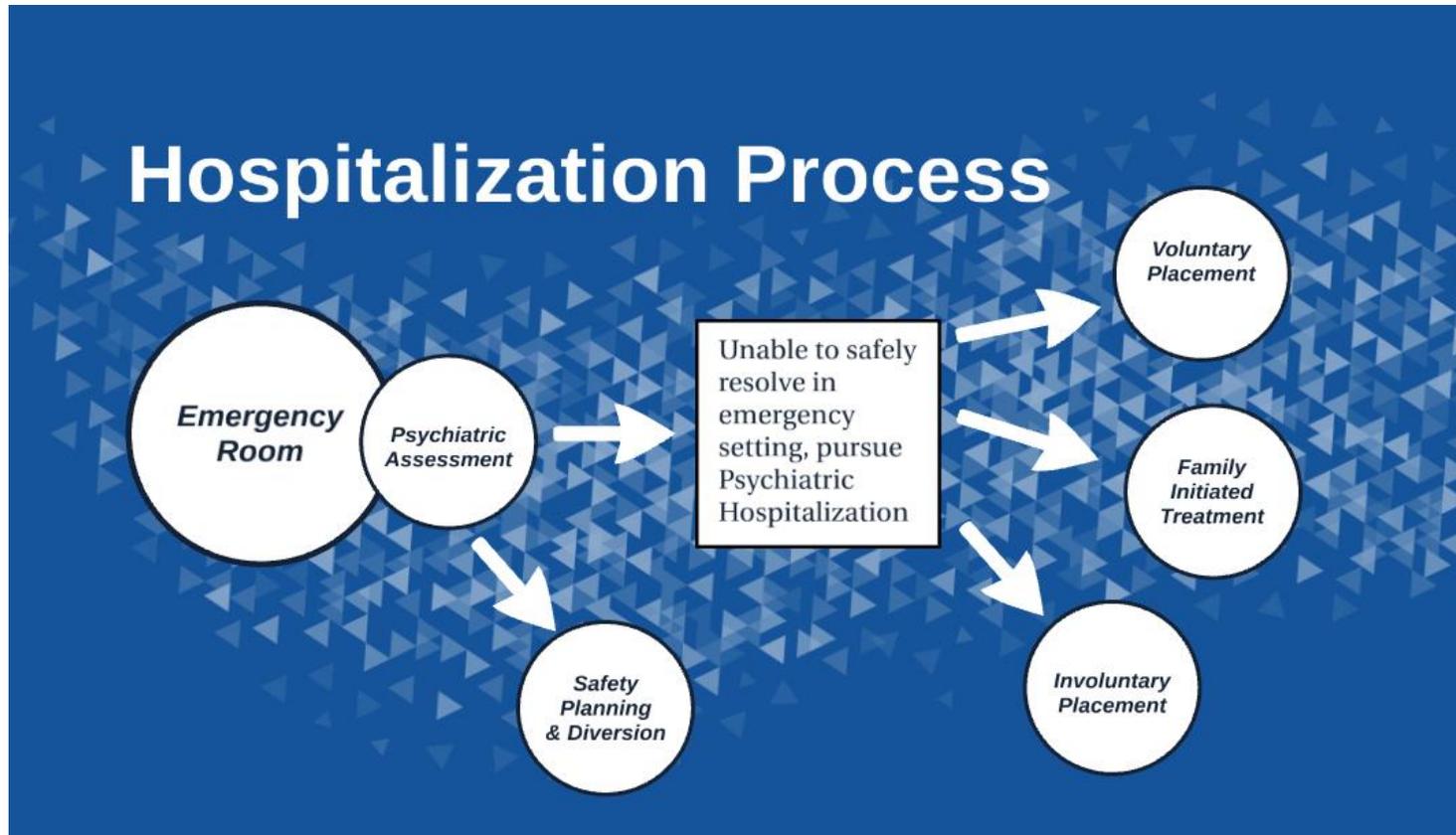
Inpatient Psychiatric Hospitalization

Agenda

- Psychiatric Hospitalization Admission process
- Overview of the Adolescent Behavioral Health Unit at Tacoma General Hospital
- Therapeutic Goals of Inpatient Care
- The role of Medication in Treatment

What is Psychiatric Hospitalization?

Acute care for psychiatric emergencies



What is Psychiatric Hospitalization?

Admission Criteria

Teens appropriate for psychiatric inpatient admission will have acute needs in at least one of these areas:

- Imminent risk for self-injury with an inability to safety plan.
- Imminent risk for injury to others.
- Acute and serious deterioration from the person's ability to manage their own age-appropriate activities of daily living due to an active psychiatric symptom.

What is Psychiatric Hospitalization?

Contributing factors

Those who assess teens for hospitalization may ask questions to inform the need for hospitalization in the following areas:

- Suicidal intent
- Self-harm behaviors
- Harm to others, or intent to harm others
- High-risk behavior
- Changes in behavior or personality
- Changes in sleep patterns
- Changes in weight
- Changes in psychosocial functioning

Psychiatric Hospitalization

The Emergency Room

All psychiatric hospital admissions must first present for care at an emergency room.

Purposes:

- Medical Clearance
- Good faith attempt at safety planning and divert to appropriate intensive crisis services, if possible
- Assistance in finding the least restrictive treatment possible

Psychiatric Hospitalization

Voluntary treatment

If safety planning and crisis diversion is not possible, a patient may access voluntary inpatient care.

*In Washington State, patients age 13 or older may voluntarily enter psychiatric care without the consent of a parent or guardian.

Psychiatric Hospitalization

Voluntary treatment

When inpatient psychiatric treatment is voluntary, there are restrictions and laws that still apply.

If a minor consents to voluntary inpatient care, and then decides that they no longer desire to be in the hospital before the planned discharge criteria have been met, they may write a letter declaring their intent to be released.

The hospital team then has up to 2 business days to evaluate the safety of the patient and facilitate discharge or pursue more restrictive options.

If the family and patient and hospital team are in agreement that the goals of care have been achieved, the hospital will facilitate discharge as soon as possible.

Psychiatric Hospitalization

Family Initiated Treatment (FIT)

If a minor refuses voluntary care, but a parent or guardian believes inpatient psychiatric care is necessary, they may provide consent for inpatient hospitalization on behalf of the youth for up to 30 days.

*FIT is a type of treatment that does not require the consent of the adolescent, but youth must meet medical necessity before treatment can be initiated.

Inpatient care under FIT may last up to 30 days, but most hospitalizations are 7-10 days.

Psychiatric Hospitalization

Involuntary Treatment

If a teen refuses voluntary care, and the family refuses FIT care, but their safety is at risk, the mental health professionals may assess whether the teen meets legal criteria for involuntary treatment (ITA).

This process involves independent assessment by your area's Designated Crisis Responders (DCRs) and may involve the ITA court system, if necessary.

This is the most restrictive hospitalization option.

Psychiatric Hospitalization

Once legal status is determined, the Emergency Room will facilitate the referral and transfer process to send the adolescent to a psychiatric hospital.

Tips for navigating this process:

- If possible, have your teen sign a Durable Power of Attorney for Healthcare form before going to the emergency room – bring it with you!
- Bring a list of your teen's medical and outpatient providers.
- Be patient. It can take a few hours, or a few days to get from the ED to a psychiatric hospital.

Unit Description

Building & Unit Description

Part of Tacoma General Hospital

Unit finished in 2016

Wall of windows overlooks a large park



Patients

Approximately 24 patients

Ages 13 – 17

Average stay is 7-10 Days

Patients not allowed to have electronics, including phones

Unit Description

Common areas include a gym, comfort rooms, dining room, art room

Patient rooms in 4 separate “pods”

Pods contain:

- **5 - 7 patient bedrooms**
- **3 - 4 private bathrooms per pod**
- **Small lounge area**



Goals of Hospitalization

Focus on safety and stabilization so that teens can return to the community for treatment.

Safety during a time of crisis

Unit and furniture designed for safety

High level of eyes-on supervision

Locked unit



Returning teens home so they can receive outpatient treatment as quickly as possible

Most improvements are made outside of the hospital.



Connect to resources outside of the hospital.

Individual therapy or counseling

Someone to continue to prescribe medications, if necessary

Other services may be available depending on things like where families live.

To provide an opportunity to learn coping skills.

Therapies primarily center around Cognitive Behavior Therapy and Dialectical Behavior Therapy skills.

Factors like level of distress, ability to focus, and motivation effect what skills teens gain.

Mental Health Treatment

Focus on crisis prevention and coping skills

Groups

2 – 4 Each Day

Creative Arts Therapy

Mental Health Education

Leisure Skills

Example Schedule

9:15	Breakfast
10:00	Community Meeting
10:30	Group with Therapist
11:15	Snack
11:45	Gym
12:30	Reflection time
1:30	Lunch
2:15	Creative Arts Therapy Group
3:30	Mental Health Education Group

4:30	Snack/Reflection Time
5:30	Leisure Skills
6:30	Dinner
7:00	Community Leisure Time
8:00	Community Meeting
8:30	Snack
9:00	Community Leisure Time
10:00	Lights Out

Other Daily Services

- **Meeting with Psychiatrist or ARNP**
- **Twice Daily Psych Assessment check-ins with Nurse**
- **Mental Health Technicians always available for support**
- **Activities, worksheets, workbooks, and readings**

Medication Considerations

Medication considerations

Psychiatric assessment and Medication intervention evaluation.

1. Review ED (Emergency Department) report, any old chart available through care everywhere portal and the PDMB portal.
2. Contact parents and OPC (Out-Patient Care) providers and get detailed collateral information.
3. Discuss with parents and patient primary impression, likely diagnosis and treatment plan.
4. If medication is indicated, review options of medications that will be used and provide psychoeducation regarding the medications to both patient and parents.
5. Always try to collaborate with patient, parent and outpatient teams regarding planned treatment.

Medication considerations

Psychiatric assessment and Medication intervention evaluation.

1. As much as possible, we avoid any controlled substances such as use of Benzodiazepines for chronic treatment of anxiety.
2. We will use Stimulant medications if indicated for diagnosed ADHD symptoms. Again, this will be done only with collaboration with family and patient.
3. We always make very measured and thoughtful adjustments when patient come in on different medications that don't appear to be helpful.
4. Periodic updates are provided to parents if any medication changes are made or if patient develops any significant side effects.
5. Discharge is determined appropriate based on the goals for treatment. It is possible that a patient may discharge with all symptoms still present.
6. At discharge, the discharge summary is always sent to the Out-patient Care team that will be working with the patient in the community.