Aftercare Resources for Psychiatric Inpatients

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INTRODUCTION

As a psychiatrist or provider in an inpatient setting, your primary role is to evaluate and treat patients with acute psychiatric symptoms. Understanding aftercare options enhances collaboration with social workers and improves patient outcomes. This guide provides a systematic overview of common aftercare resources.

CHILD PROTECTIVE SERVICES

Most states have agencies responsible for the welfare and protection of children. If you suspect that one of your patients is abusing or neglecting a child, you are one of the "mandated reporters" and you are legally required to report your suspicions. Mandated reporters include a wide range of professionals such as doctors, nurses, social workers, teachers, and law enforcement officers. The procedures for reporting differ from state to state, but there are usually both online forms and phone child-at-risk hotlines. There is often an urgency to reporting, and it should certainly be done before your patient is discharged. Often social workers are the health care workers who do this reporting but as the provider you need to be aware of the process and ensure that the reporting is done.

CULTURE AND LANGUAGE SPECIFIC CARE

Most regions in the U.S. include diverse communities of people who are from different cultural or ethnic backgrounds. Try to find resources that cater to their needs. Some of the more common organizations found in towns and cities include:

- Language-specific Mental Health Services
- Immigrant and Refugee Support Services
- Multicultural Health Centers

The following websites are helpful for locating providers specializing in diverse cultures:

- Psychology Today - Therapists Directory (https://www.psychologytoday.com/us/therapists) (you can filter results by language, gender, ethnicity, LGBTQ+, etc…)
- Asian Mental Health Collective (https://www.asianmhc.org/apisaa)
- Latino Behavioral Health Services (https://www.latinobehavioral.org/)
- Black Men Heal (https://www.blackmenheal.org)
- Therapy for Black Girls (https://www.therapyforblackgirls.com/therapist-directory/)

- LGBTQ+
  - LGBT National Help Center **(**https://www.lgbthotline.org**)**
  - Gaylesta: The Psychotherapist Association for Gender and Sexual Diversity (https://www.gaylesta.org)
  - GLMA: Health Professionals Advancing LGBTQ Equality (https://www.glma.org): Directory of healthcare providers sensitive to LGBTQ health issues, doesn't specialize in mental health specifically but does include mental health providers
  - The Trevor Project (https://www.thetrevorproject.org): Focused on LGBTQ+ youth
- Immigrants and refugees:
  - Switchboard (https://switchboardta.org/)
  - Cultural Orientation Resource Center (https://coresourceexchange.org/)
- Health information in multiple languages: https://medlineplus.gov/languages/languages.html

DEPARTMENTS OF MENTAL HEALTH SERVICES

Most states have a Department of Mental Health (the actual title varies) which provides services to patients with Serious Mental Illness (SMI). SMI is defined as a psychiatric condition that significantly impairs one's ability to function in daily life. Common diagnoses qualifying as SMI include schizophrenia, schizoaffective disorder, bipolar disorder, and severe forms of depression and anxiety disorders. Exclusions typically include primary substance use disorders, neurocognitive disorders (like dementia), neurodevelopmental disorders (such as autism), conduct disorders, and conditions primarily due to a general medical condition (e.g., traumatic brain injury).

Applying for Services: Patients can apply in person or online and will often require assistance from the social worker on your unit. The application requires basic demographic info, the medical and psychiatric history, and authorization for release of medical records—this authorization is the key to most applications, as prior records are needed to support the claim that the patient has SMI.

Common State Mental Health Services

- **Case Management**: All clients are assigned a case manager who do an initial needs assessment and come up with an individualized plan. This often includes regular monthly meetings with the case manager, assistance with making psychiatric appointments, help with transportation, and help with independent living, such as structure activities, finding living accommodations, supported employment etc…

- **Assertive Community Treatment (ACT)**: There are different names for this care model, but generally ACT (or its equivalent) is available in most states and is a step above basic case management. This is a multidisciplinary team assigned to patients with frequent hospitalizations who struggle with treatment adherence. ACT team members generally have contact with patients at least once a week and sometimes daily, and deliver comprehensive care including delivering medications.

- **Clubhouses and Social Support Programs**: Many states offer clubhouse programs where individuals receiving mental health services can find community, support, and resources to assist with employment, housing, education, and social activities. These programs focus on recovery and reintegration into the community.

- **Specialized Services**: Depending on the state, there may be additional specialized programs focusing on specific populations (e.g., veterans, the homeless, youth) or issues (e.g., substance use co-occurring with mental illness).

DEVELOPMENTAL DISABILITIES

- Population served: Developmental disabilities programs serve anyone diagnosed with a condition that is chronic, begins before adulthood, and affects capabilities in areas such as learning, language, behavior, and physical abilities. Common examples are autism spectrum disorder, intellectual disabilities (formally known as mental retardation), Down syndrome, and cerebral palsy.

- State Agencies: There are different names for designated state agencies—some common names include Department of Developmental Services, Division of Developmental Disabilities, Bureau of Developmental Disabilities Services, or Office of Developmental Programs.

- Age coverage: Generally throughout the lifespan.

- Services Offered:
  - Case Management: Personalized support planning and coordination of services to meet the individual's needs.
  - Home and Community-Based Services (HCBS): Support for living in the community, including residential services, day programs, employment assistance, and respite care.
  - Inpatient and Specialized Care Units: For individuals with intensive medical or behavioral needs, some states operate or coordinate access to specialized inpatient care facilities.

DISABLED PEOPLE

- **Populations served**: Patients across a wide spectrum of disabilities, and not limited to developmental disorders. Typically includes those with:
  - Physical Disabilities (e.g., spinal cord injuries, amputation)
  - Sensory Disabilities (e.g., blindness, deafness)
  - Mental Illnesses (e.g., schizophrenia, bipolar disorder)
  - Neurological Disorders (e.g., multiple sclerosis, epilepsy)
  - Chronic Illnesses with disabling effects (e.g., HIV/AIDS, diabetes)

- Every state is required by federal law to have a **Protection and Advocacy Agency** responsible for safeguarding the rights of the disabled.
  - To find the appropriate agency or organization in your state, consult the National Disability Rights Network (NDRN) website (https://www.ndrn.org).

- **Reporting Suspected Abuse:**
  - Most states have hotlines or online reporting systems for the abuse of disabled individuals. Reporting can typically be done by anyone who suspects abuse or neglect, including family members, caregivers, professionals, or the general public.

ELDER SERVICES
Finding the right aftercare for an elderly patient is typically a complex process and will almost always be coordinated by a social worker—who will be familiar with the range of services locally available and how the patients' finances and insurance coverage may dictate what's available. Nonetheless, it's helpful for you to have an overview of the landscape of services so you can better collaborate with your social worker.

- Elder Protective Services
  - Protective services for the elderly go by different names and often there will be a variety of different agencies within your state. Typical names of such agencies include:
    - Adult Protective Services
    - Office of Aging
    - Elder Services
    - Senior Services
  - If you suspect that your elderly patient is in danger (such as being neglected or abused, or unable to care for their needs in the community), you can contact your state or local Adult Protective Services (APS). APS will conduct assessments, provide emergency interventions, and link to necessary services.

- Nursing Homes

- o Nursing homes offer comprehensive care, including 24-hour medical supervision, for elders who require a high level of medical care and assistance with daily activities. Other names often used for nursing homes include:
    - ▪ Skilled Nursing Facilities (SNFs)
    - ▪ Long-Term Care Facilities
    - ▪ Extended Care Facilities

- ● Assisted Living Facilities (ALF)
  - o Assisted living provides a residential setting for elders who need some assistance with daily activities but do not require the intensive medical and nursing care provided in nursing homes.

- ● Memory Units
  - o These are specialized care units, often located within assisted living facilities or nursing homes, and are designed for individuals with Alzheimer's disease or other dementias.

- ● Rehab Facilities
  - o For elders recovering from surgery, injury, or illness. Some patients will be able to return home after rehab, while others may be placed in a nursing home.

- ● Rest Homes
  - o Rest homes, also known as residential care homes, can be thought of as "nursing homes lite". They are less expensive than nursing homes and provide less intensive clinical services. These homes typically offer personal care, meals, and some daily activities.

- ● Home with Services
  - o Many of your elderly patients may be able to stay in their homes but will need additional support to do so safely. Visiting Nurse Associations (VNA) and Home Health Aides offer medical and personal care services at home.
- ● Guardianship (also known as conservatorship) and Healthcare Proxy
  - o In situations where an elder is unable to make decisions for themselves, establishing guardianship or a healthcare proxy ensures that there is someone to make health and welfare decisions on their behalf.

EMERGENCY SERVICES PROGRAM
Most states have "Crisis Service" programs that provide crisis intervention and stabilization services. The point of these programs is to reduce reliance on emergency rooms and to provide alternatives to psychiatric inpatient hospitalization. It's helpful to be aware of these services because many of your inpatients may not have adequate services and will be relying on crisis programs after you discharge them.

- ● Behavioral Health Urgent Care
  - o These centers offer immediate, walk-in services including therapy and urgent psychopharmacology, and can serve as a bridge for patients awaiting an initial appointment with a regular mental health provider.
- ● Mobile Crisis Units (MCU) or Mobile Crisis Teams (MCT)
  - o Mobile Crisis Units or Teams refer to groups of mental health professionals who can be dispatched to the location of a person experiencing a mental health crisis. These teams provide on-site assessment, stabilization, and connection to follow-up care.
- ● Crisis Stabilization Units (CSU)
  - o CSUs are short-term voluntary facilities (no locked doors) that offer intensive psychiatric treatment and referral services. They typically limit the length of stay to no more than 5 days and can be effective in preventing psychiatric hospitalization.
- ● Crisis Residential Programs
  - o Sometimes termed "respite beds", these are usually home-like environments that provide supportive care but more limited staffing than inpatient units, with a duration of stay that can last from weeks to months.

GROUP HOMES
Group homes are long term residential facilities for patients who are too psychiatrically impaired to live completely independently. Staff are available to help with medication administration, developing life skills, and getting patients to appointments and community programs. They can be great solutions for patients who are often rehospitalized because they cannot manage living independently. However, it's often difficult to discharge patients to group homes as there are usually long waiting lists.

HOMELESS SERVICES
It's challenging to come up with a safe aftercare plan for our homeless patients, who often use emergency rooms for both care and shelter, and may be repeatedly psychiatrically hospitalized. Here are some tips and guidelines for successful discharges.

- Immediate Shelter and Safety
    - Emergency shelters. Your social worker should have a list of local emergency shelters—which can include city-run shelters, nonprofit organizations, and faith-based groups. There are often specific facilities for subpopulations such as women, families, or youth.
    - Transitional housing. Some shelter programs offer support services aimed at transitioning to permanent housing.
- Psychiatric and substance use treatment
    - Specialized health services (sometimes termed "healthcare for the homeless") are often available, and may include a mobile treatment team for those who have transportation challenges.
    - Substance use programs can often provide both shelter and treatment.

HUMAN SERVICE AGENCIES
Human service agencies are nonprofit organizations that are often funded by the state departments of mental health to provide services to the seriously mentally ill. This includes case management, direct care, assertive community treatment, clubhouses, and other services.

Services provided can be extensive, depending on the agency's size and budget.

1. **Employment Support:**
    - **Transitional Employment:** Assistance from agency clubhouses, which includes direct job placement without the need for interviews and coverage for absences.
    - **Supported Employment:** Employment in regular jobs with ongoing support from the agency, including communication with employers.
    - **Independent Employment:** Support includes help with job applications and interview coaching.
    - **Group Placements:** Opportunities to work in group settings with peers.
2. **Housing Assistance:**
    - Assistance in locating suitable housing.
    - Support with applications for rental subsidies (e.g., Section 8) and other financial aids like fuel assistance.
    - Maintenance of housing stability during hospitalizations.
    - Budgeting and financial management education.
3. **Educational Support:**
    - Assistance with college applications and navigating educational opportunities.
    - Tutoring services across various subjects.
4. **Social Integration:**
    - Organized social events such as holiday parties, themed dances, art exhibits, special dinners, and movie nights.
    - Reduced-cost access to community events.
5. **Wellness Programs:**
    - Workshops and classes focused on health and wellness.
    - Peer support groups and recovery education programs.

- Smoking cessation workshops and other health-related support.
6. **Life Skills Development:**
   - Courses and workshops designed to enhance daily living and practical skills.
7. **Art and Creative Expression:**
   - Opportunities to engage in artistic activities, which can play a therapeutic role.
8. **Community Engagement Events:**
   - Activities such as grocery shopping, communal meals (e.g., brunch, breakfast), bowling, painting nights, etc., which promote community bonding and support networks.

NATIONAL MENTAL HEALTH RESOURCES
Providing patients with resources as they transition from inpatient psychiatric units to outpatient care is vital for their continued support and recovery. Here are several valuable national resources:

1. **National Alliance on Mental Illness (NAMI)**
   - Website: nami.org
   - Phone: 1-800-950-NAMI (1-800-950-6264)
   - Offers support groups, education programs, and advocacy for individuals with mental illness and their families.
2. **Substance Abuse and Mental Health Services Administration (SAMHSA)**
   - Website: samhsa.gov
   - National Helpline: 1-800-662-HELP (1-800-662-4357)
   - Provides information on substance use and mental health disorders, treatment options, and a national helpline.
3. **Depression and Bipolar Support Alliance (DBSA)**
   - Website: dbsalliance.org
   - Offers peer-led support groups for individuals living with depression and bipolar disorder.
4. **Mental Health America (MHA)**
   - Website: mhanational.org
   - Provides resources for mental health awareness, including screening tools and information on mental health conditions.
5. **American Foundation for Suicide Prevention (AFSP)**
   - Website: afsp.org
   - Offers resources for suicide prevention, including education, advocacy, and support for those affected by suicide.
6. **Anxiety and Depression Association of America (ADAA)**
   - Website: adaa.org
   - Provides information on prevention, treatment, and symptoms of anxiety, depression, and related conditions.
7. **National Institute of Mental Health (NIMH)**
   - Website: nimh.nih.gov
   - Offers a wealth of information on mental disorders, research, and education.
8. **Veterans Crisis Line**
   - Website: veteranscrisisline.net
   - Phone: 1-800-273-8255 and Press 1
   - Provides 24/7 support for Veterans and their loved ones.
9. **National Suicide Prevention Lifeline**
   - Website: suicidepreventionlifeline.org
   - Phone: 1-800-273-TALK (1-800-273-8255)
   - Offers 24/7, free and confidential support for people in distress, prevention, and crisis resources.
10. **The Trevor Project**
    - Website: thetrevorproject.org
    - Phone: 1-866-488-7386
    - Provides crisis intervention and suicide prevention services to LGBTQ young people under 25.
11. **Postpartum Support International (PSI)**

- Website: postpartum.net
- Dedicated to helping families suffering from postpartum depression, anxiety, and distress. Offers a helpline, support groups, and information on perinatal mood and anxiety disorders.

12. **National Maternal Mental Health Hotline**
- Contact Information: Call or text 1-833-9-HELP4MOMS (1-833-943-5746)
- Provides 24/7, free, confidential support and resources to pregnant and postpartum individuals experiencing mental health challenges. Offers help in English and Spanish.

OUTPATIENT CARE

Many psychiatric inpatients will need a referral to outpatient care. While social workers often play the key role in managing these referrals, it's helpful for you to have an understanding of the outpatient care landscape within your patient's geographical area. Here are some strategies to get you started.

- **Familiarize yourself with local sources of care**. This might include clinics operated by your own hospital or medical center, but you will likely have to refer outside your system to other practices, clinics, and individual providers. Social workers typically have a list of available providers and will be up to date on which clinics are able to accommodate specific patients, based on variables like insurance, diagnosis, catchment area, etc….
- **National online resources** are helpful for finding your patients providers, though sometimes the directories are outdated. The one that appears to be the most useful and most updated currently is the Psychology Today website: https://www.psychologytoday.com
- **Build professional networks.** Get in the habit of calling outpatient providers directly to update them on their patient's progress on your unit. Get to know them by first name. This personal touch will help facilitate future referrals to them.

STEP DOWN RESOURCES

Step-down resources are important for patients who have improved a bit during the inpatient stay but are not quite ready to manage their lives independently in the community. These resources help bridge the gap by offering structured, yet less intensive, care environments.

1. Community Crisis Stabilization (CCS):
- **Description:** CCS units provide an alternative to inpatient hospitalization for individuals experiencing a mental health crisis. These facilities are voluntary and include nursing care.
- **Capacity:** Typically, each CCS unit has about 8-10 beds.
- **Services:** Patients receive round-the-clock monitoring and support in a stable environment to manage acute symptoms.

2. Respite Beds:
- **Description:** Respite care offers temporary housing to individuals needing a break from their usual environment, particularly when in recovery or during a crisis.
- **Setting:** These are often located in residential homes within communities, providing a peaceful and supportive environment.
- **Purpose:** To provide long-term residential stability and a calming environment for recovery.

3. Partial Hospitalization Programs (PHP):
- **Description:** PHPs offer a structured program of outpatient psychiatric care. It is less intensive than inpatient care but more comprehensive than typical outpatient visits.
- **Schedule:** Programs typically run 5 days a week, from 8:30 AM to 3:30 PM.
- **Activities:** Patients engage in approximately five treatment groups per day and meet with a psychiatrist or psychiatric nurse practitioner twice a week.
- **Focus Areas:**
  - Cognitive Behavioral Therapy (CBT)
  - Dialectical Behavior Therapy (DBT)
  - Coping Skills
  - Grounding Techniques

- Daily Wrap-Up Groups to discuss the day's positives and negatives
- **Benefits:** Skill-building, emotional resilience, insight gains, and community support.

4. Partial Hospitalization Programs Plus (PHP Plus):
- **Description:** Similar to standard PHPs but includes housing accommodations for the duration of the program.
- **Services & Schedule:** Identical to PHPs but with the added benefit of providing temporary residential support.
- **Additional Group:** Positive psychology groups focusing on the GLAD acronym to foster gratitude, learning, accomplishment, and delight.

SUBSTANCE USE DISORDER

There are many options for ongoing substance use disorder treatment for our patients. Here, we break down the typical disposition pathways by how severe the substance use problem is.

1. Severely Ill Patients (and those with minimal social supports, including those who are homeless)

- Detox: Medically monitored inpatient services typically lasting about one week.

- Transitional Support Services (TSS): Short-term residential services that bridge the gap between detox and more intensive rehabilitation, sometimes known as "holding beds."

- Clinical Stabilization Services (CSS): Offers continued structured support post-detox; typically, CSS units are around 30 beds and include a variety of group therapies such as 12-step programs and relapse prevention. Stays range from 1 to 4 weeks.

- Inpatient Rehabilitation Facilities: Longer-term inpatient treatment programs that offer comprehensive therapeutic interventions including individual counseling, group therapy, and medication management.

- Halfway House: Provides a residential setting with peer and professional support, focusing on longer-term rehabilitation.

- Sober Living Home: Offers a less structured environment than halfway houses but still provides a substance-free living space to support recovery.

2. Patients with Family Support and Employment:

- Detox: Options for both inpatient and outpatient detoxification.

- Day Program or Partial Hospitalization Program (PHP): Daytime intensive treatment in a non-residential setting.

- Intensive Outpatient Program (IOP): A step down from PHP, providing less intensive therapy several days a week.

- Outpatient Treatment/Medication-Assisted Treatment (MAT): Regular outpatient services that may include pharmacological treatment.

- Inpatient Rehabilitation Facilities: For those requiring a more structured environment despite having support.

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