



McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

Guide to Transitioning from Inpatient Care

Helpful Information for Families and Friends of Patients

McLEAN MISSION

McLean Hospital is dedicated to improving the lives of people and families affected by psychiatric illness. McLean pursues this mission by:

- Providing the highest quality compassionate, specialized and effective clinical care, in partnership with those whom we serve;
- Conducting state-of-the-art scientific investigation to maximize discovery and accelerate translation of findings towards achieving prevention and cures;
- Training the next generation of leaders in psychiatry, mental health and neuroscience;
- Providing public education to facilitate enlightened policy and eliminate stigma.

“McLean Values are at the core of everything we do. As clinicians, researchers, educators, administrators, and support staff, we conduct ourselves in ways that reflect our deep commitment to integrity, compassion and respect, diversity and teamwork, excellence and innovation. These Values are the essence of McLean; they are at once emblematic of who we are and what we aspire to be.”

~ SCOTT L. RAUCH, MD, PRESIDENT AND PSYCHIATRIST IN CHIEF, McLEAN HOSPITAL

McLEAN VALUES

We dedicate ourselves each and every day to McLean's mission of clinical care, scientific discovery, professional training, and public education in order to improve the lives of people with psychiatric illness and their families.

In all of our work, we strive to:

- Conduct ourselves with unwavering **integrity**
- Demonstrate **compassion** and **respect** for our patients, their families, and our colleagues
- Foster an environment that embraces **diversity** and promotes **teamwork**
- Achieve **excellence** and ever-better effectiveness and efficiency through **innovation**

A NOTE FROM THE McLEAN SOCIAL WORK DEPARTMENT

Dear Family Member,

Because you are reading this, it is likely that you are going through the experience of having a loved one hospitalized with a psychiatric illness. Our hearts go out to you.

This guide has been developed to help you through the transition and the confusing maze that is our healthcare system. Because families come in all shapes, sizes, and combinations, everyone's experience will be different. The one thing that is consistent, however, is that families play a vital role in the recovery process.

Inspired by our social workers' countless meetings with patients, families, and McLean's Patient and Family Advisory Council, this guide addresses questions that are often posed by families as their loved ones prepare to leave an inpatient unit at McLean.

Thank you to all of the family members who have advised us by sharing their insights, perspectives, and suggestions as we developed this guide.

Our goal at McLean Hospital is to help you and your loved one by affirming hope, supporting treatment, and helping everyone move forward with new knowledge, skills, and realistic expectations.

We hope that you will find this guide helpful.

Sincerely,

*Department of Social Work
McLean Hospital*

If you would like to offer feedback or suggestions for this guide, please contact us at mclpatientguide@partners.org.

Guide to Transitioning from Inpatient Care

Section 1: The Road Ahead

What Do You Mean by <i>Recovery</i> ?	6
When Can We Have Our Old Lives Back?	6
Dealing With a Possible Relapse	7
Providing Support	7
Caring For the Caregiver	8

Section 2: Discharge Planning

Levels of Care	10
Treatment Providers	10
Finding a Treatment Provider	11
What Are a Patient's Confidentiality Rights and Authorizations?	12
Financial Planning	13
Navigating the Insurance Maze	14
Defining Various Legal Terms and Statuses	14
A Final Thought	14

Appendix A: Print and Web Resources

Print Resources	16
Web Resources	17
Older Adult Care	18

Appendix B: Specialty Levels of Care

Substance Use Disorder Levels of Care	19
Geriatric Conditions Levels of Care	19

Appendix C: Treatment Providers

Treatment Providers	21
---------------------------	----

Appendix D: Legal Terms and Statuses

Legal Terms and Statuses	23
--------------------------------	----

Notes

Notes	26
-------------	----



Section 1

The Road Ahead

Your loved one is taking the positive step of getting out of the hospital. It may seem counterintuitive, but transitioning out of the hospital may be unsettling for some people. The ultimate goal during this potentially stressful time is to work to transition your loved one back into the community, minimizing stressors whenever possible. The inpatient treatment team will work with patients and their families to develop a comprehensive plan to address symptoms, treatment needs, and goals while simultaneously working to empower the individual in his or her recovery. Having appropriate clinical treatment and care following discharge helps reinforce this transition.

What Do You Mean By Recovery?

“Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual’s recovery.” (*Achieving the Promise: Transforming Mental Health Care In America, President’s New Freedom Commission on Mental Health, 2003*)

As your loved one transitions from McLean to the next step in the recovery process, it is important to remember that you are not alone. In any given year, one in four Americans age 18 or older suffers from a diagnosable mental disorder while one in 17 is diagnosed with a severe mental illness such as schizophrenia, bipolar disorder, or major depression. The good news is that with proper treatment, about 90 percent of individuals with psychiatric illness are able to live productive lives.

No matter your loved one’s diagnosis, the recovery process will be challenging. One family member has

characterized caring for someone with mental illness as “a marathon rather than a sprint.” She went on to say that “while there may be a great sense of helplessness at times, there are things you can do as a family member to help in the recovery process. A supportive and informed family is enormously important as the patient and his or her physician strive to gain control. Patience and information are powerful weapons in this struggle.”

McLean’s social workers have identified the following key messages as essential for families during the transition of their loved one from the hospital:

- There is hope. Recovery is possible.
- You play an important role in your family member’s recovery process.
- Knowledge is power. Educate yourself about psychiatric illness.
- It is vital that you take good care of yourself.
- We are here to help.

When Can We Have Our Old Lives Back?

The experience of a family member’s battle with psychiatric illness can be difficult—especially in the beginning when little might be known about the illness, the prognosis, or realistic recovery expectations. Family members might ask “Will things ever return to normal?” and “When can we have our old lives back?”

Psychiatric illness varies greatly in severity and course. For some people, the symptoms affect functioning, cognition, and important relationships only during the most acute phases while others may experience more permanent impact. In addition, psychiatric illness is often a lifelong condition in which ongoing treatment might be necessary and relapse is not unusual. Many

“One of the important things that families can do for their loved ones is help them plan their living environment to address stressors, the need for structure and the appropriate follow-up care.”

Mother of a McLean patient

patients and families coping with psychiatric illness find it necessary to adapt and learn new ways of managing symptoms. The impact this has on everyone's life will be substantial and long-lasting. That being said, there are many proven treatment options for the various types of psychiatric illness. It is important to remember that recovery *is* possible.

Dealing with a Possible Relapse

Relapse, or the return of severe psychiatric symptoms after a period of recovery, is a common occurrence for people with psychiatric illness and serves as a learning experience for patients, families, and treatment providers about the effectiveness of the current treatment plan. There are many factors that impact the likelihood of relapse, including the severity of the psychiatric illness, adherence to medication and treatment recommendations, the strength of community support systems, and general life stress.

As a family member, it is important that you address early signs of relapse quickly and, although it can be challenging, remain calm and nonjudgmental. Share your concerns with your loved one and reach out to treatment providers as soon as possible to get assistance with next steps. **Always remember, if it is an emergency or a situation is out of control, call 911 or go to the nearest emergency room.**

Treatment is not a perfect science, and we still have much to learn about psychiatric illness. New research is being done every day at McLean and worldwide to find the best treatments in the hope of someday being able to prevent these conditions altogether. No matter what, it is crucial for patients, families, treatment providers, and researchers to remain hopeful and positive about psychiatric treatment and recovery.

Providing Support

Following a patient's discharge, family members often become caregivers, acting as the central support system for their loved one. As a caregiver, it is important for you to empower your ill loved one to engage in care while appropriately advocating for his or her needs. Each family is different and will therefore play various roles in their loved one's treatment. For example, some families may be very directly involved in assisting

with transportation to appointments or overseeing medication compliance, while others may be less directly involved but provide essential emotional support.

After discharge, your loved one may continue to experience some symptoms. Books and other resources

“Hope, the journey is not ended yet...breathe life into that hope, hold its hand and never stop holding...perhaps the new day will find that hand blossom into a hug, whenever there is hope.”

Mother of a McLean patient

in Appendix A include suggestions and strategies that can be very helpful to families.

It is important to work together to help support your loved one's treatment. Talk with your family member's care providers (as long as your family member has given consent). Seek information from the list of books and web sites in Appendix A as well as other reliable sources. You may also find valuable resources and support when attending educational courses such as the Family-to-Family program offered by the National Alliance on Mental Illness (NAMI). Collaboration is key to recovery, and therefore it is also helpful to talk directly with your family member about how he or she feels about his or her progress. Use this discussion to help guide your decision making on keeping the strategies that are working and eliminating those that are not.

Caring for the Caregiver

While your family member is hospitalized or transitioning out of inpatient care, it is important that you take care of *your* needs as well.

One way to do this is to build a support system that may include family, friends, and professionals. Sharing your experiences with others in both informal and formal settings—such as with a close friend or a support group for caregivers—can be extremely helpful. Once you’ve identified with whom you want to share information, you’ll have to decide what information to share and how to share it.

Two helpful resources located on the McLean campus are the Depression and Bipolar Support Alliance (DBSA) and the Jonathan O. Cole, M.D., Mental Health Resource Center. DBSA offers regular support groups for families and friends; the Cole Center provides educational

materials, support groups, and vocational counseling to patients. Please see Appendix A for more information.

Taking care of yourself and using positive coping skills are just as important for you as they are for your loved one. Remembering to practice the basics of overall good health, maintaining routines, and participating in the activities and hobbies that you enjoy can be very beneficial to your general outlook. Here are some tips for ensuring positive self-care:

- Maintain your routine to the extent that it is possible.
- Do not remain isolated; talk to trusted friends and family about what you are experiencing.
- Eat properly.
- Get plenty of sleep.
- Attend family support groups; create a network of people who understand your predicament.
- Avoid overusing alcohol and drugs in order to cope.
- Seek professional help if you are having trouble functioning or find yourself significantly impaired by symptoms of depression or anxiety.

If you are having problems coping or are experiencing any of the following symptoms, you may wish to seek professional help:

- Loss of sleep.
- Headaches, abdominal issues, difficulty eating, overeating, or other physical problems.
- Anxiety.
- Anger, rage; saying things you later regret.
- Excessive crying.
- Isolation from family and friends.
- Impairment in job or school performance.
- Inability to focus or concentrate; extreme preoccupation with your ill loved one.
- Drug or alcohol abuse.

“One of the most beneficial actions one can take is to educate yourself. Once you understand how a disease affects your loved one, you become a better advocate to get him or her help. Over time, it will provide you with a sense of peace knowing that your actions, whatever they are, are done with love.”

Family member of a McLean patient



Section 2

Discharge Planning

Just as the hospital treatment team collaborates with the patient daily and with the family throughout an admission, discharge planning requires similar coordination through phone calls and/or meetings.

McLean clinicians will work with you to arrange aftercare providers, coordinate care with existing providers, and make referrals to appropriate treatment programs and services. The goal is to meet the needs of the patient and to support goals that were identified during the admission and inpatient stay. Each patient is unique; therefore, each patient's treatment needs and transition plan are customized to support the challenges that precipitated the hospitalization and the patient's strengths and goals. The discharge planners make every effort to find programs, providers, and resources that are a good fit for each individual.

Because treatment needs change as the recovery process continues, plans may need to be modified from time to time. We recommend talking with the treatment team to clarify roles and family involvement that can be most helpful in planning treatment and support after discharge. Treatment resources, an individual's ability to engage in treatment, availability of relevant care options, and financial resources are key variables that impact an individual's care.

Levels of Care

Determining the services most appropriate for your loved one's ongoing treatment is a collaborative effort between the patient, family members, and the treatment team. The level of care your family member needs is determined by a multitude of factors that aim to provide care in the least restrictive environment. Some factors considered in this determination are:

- Acute medical risk and current medical needs.
- Severity of psychiatric symptoms.
- Ability to function and care for oneself.
- Danger to self or others.
- Level of impairment (e.g., cognitive, functional).

The following are the most common levels of care available for those seeking psychiatric treatment:

Acute Inpatient Hospitalization: Typically providing short-term care to patients whose severe symptoms require treatment in a locked facility.

Residential Program: Therapeutic environment providing intensive and multidisciplinary treatment in a live-in setting.

Crisis Stabilization and Assessment: Unlocked unit providing patients in crisis support for stabilization, evaluation, and coping skills.

Partial Hospital Program: Individual and group therapy that take place during the day while the patient remains living at home or in the community.

Day Treatment Program: An ongoing treatment program offering individual and group therapy to provide socialization and life-skills training.

Outpatient Therapy and Psychopharmacology: Individual meetings with mental health providers to provide individual, group, and family therapy, as well as medication management.

The Massachusetts Department of Mental Health is a state agency that provides a variety of services to eligible Massachusetts residents, all of which are funded by the Commonwealth. Please visit www.mass.gov/eohhs/gov/departments/dmh to see a list of available resources. Please note that these services are not available to residents of other states who may be receiving treatment in Massachusetts. Please contact your state's department of health/human services to learn about mental health resources available where you live.

For a more detailed list of levels of care for individuals with substance use disorders or geriatric conditions, please see Appendix B.

Once you have determined the necessary level of care, you can start the process of finding the best available treatment provider.

Treatment Providers

During the course of your loved one's recovery, you will probably come in contact with many types of professionals who provide mental health-related care. Finding appropriate aftercare or an outpatient provider is an important step in recovery. We understand that

trying to decipher the dizzying array of titles, degrees, and licensing information can be very confusing. The following section has been created to help you understand more about these specialists and the services they provide.

Most professionals who provide mental health treatment to their patients have had graduate-level training in one of the following areas: psychiatry, psychology, social work, behavioral sciences, or psychiatric nursing. These professionals may also have specialized training and/or certification in order to practice with certain sub-populations (e.g., children, adolescents, and the elderly), utilize a particular treatment modality (e.g., family therapy), apply a therapeutic approach (e.g., cognitive behavioral therapy) or implement a specific set of skills (e.g., psychological diagnostic assessment).

The first step in finding treatment resources is determining exactly what type of provider is needed. It is important to know whether you need a provider who can prescribe medication or you need a therapist who practices a specific modality.

Brief descriptions of potential treatment providers follow; for more detailed descriptions, please see Appendix C.

Psychiatrists: Medical doctors who prescribe psychiatric medications and may or may not provide psychotherapy.

Psychologists: Doctoral-level clinicians who provide psychotherapy and psychological testing.

Social Workers: Master's-level clinicians who help people function the best they can in their environment through direct therapy or by working to change social conditions.

Licensed Mental Health Counselors: Master's-level clinicians who provide mental health counseling with an emphasis on prevention and education.

Alcohol and Drug Counselors: Clinicians with various degrees and licensure who provide counseling for individuals with substance use disorders.

Psychiatric Nurses: Nurse clinicians with various degrees who provide psychotherapy and, with special licensure, can prescribe medications.

Psychotherapists: Clinicians of various degrees and licensure who provide psychotherapy.

Case Managers: Non-licensed clinicians trained to assist with the acquisition and coordination of community services and supports.

After finding out which type of provider you need, it is very helpful to call your insurance company to find names of specific providers in your area who accept your insurance. If you are changing treatment providers, you may also ask for a referral from the present provider.

Finding a Treatment Provider

It is important for you and your family member to feel comfortable with the choice of treatment providers. Collaborating with your loved one's treatment team is crucial to determining which resources will best meet his or her clinical needs. When you speak with them for the first time, it may be helpful to ask them questions such as those found on the next page. You may want to call several providers to see who would be an appropriate match given their experience and availability. Although it is important to give the therapeutic relationship a few sessions to see whether it is a good fit, you and your family member can search for another provider at any time.

A treatment provider will typically devote the first few sessions to a general assessment of your loved one's concerns by asking specific questions about the issues causing his or her distress and when and where these occur. It is hard to tell whether a provider is going to be a good match without meeting with the person and getting a feel for who he or she is, how he or she approaches patients, and how he or she formulates the treatment needed after making an assessment.

The first session with a treatment provider should always be a consultation that does not commit your family member to working with the provider. During this session, you may want to discuss personal values that you feel are particularly important. An important aspect of treatment will be your loved one's relationship with the therapist (and you, to some extent). This first session is a time for everyone to determine whether they will feel comfortable and confident working with this particular provider. If the provider's views are very different from the family member's or yours, you may want to find a more compatible relationship.

As the evaluation progresses, you should expect that you and your loved one's treatment provider will arrive at mutually agreeable goals for how to help your loved one. If goals cannot be agreed on, finding another therapist should be considered.

In order for information to be shared between the treatment provider and you, your adult family member must sign a release of information. If your family member chooses not to give permission for the provider to speak with you, you as a family member are still able to share information, since families are not bound by the Health Insurance Portability and Accountability Act (HIPAA); however, the provider will not be allowed to share information with you.

Helpful questions to ask a potential treatment provider are listed below. You have the right to obtain this information about any potential provider. You can request this from a referrer, during a phone call with the provider, or during your first visit. Although you may not feel that all this information is relevant, you will need a substantial amount of it in order to evaluate whether a particular provider would be a good fit.

- What are your background, training, and/or licensure?
- What is your familiarity with my loved one's diagnosis?
- What forms of treatment do you use?
- What are the frequency and length of your sessions?
- How long is the course of treatment?
- How do you assess progress?
- How do you collaborate with other treatment providers with whom a client is working?
- Do you collaborate with families? If so, how?
- What are your availability and accessibility to patients outside appointment times?
- Can you be reached after hours in the event of an emergency or crisis?
- What is your fee schedule?
- What types of health insurance do you accept?
- How soon can an appointment be made?

What Are a Patient's Confidentiality Rights and Authorizations?

All healthcare institutions abide by state and federal laws that protect the privacy of patient identity and information. This should be the case with all the treatment providers you encounter throughout your loved one's recovery process.

Patients who are 18 years old or older are legal adults with legal privacy rights. HIPAA regulations prohibit clinical staff from identifying any person as a patient or sharing clinical information without a patient's written consent. There are additional privacy protections under state law specifically for those with HIV or who are participating in alcohol and drug abuse treatment programs. Disclosures can occur without written consent in certain specific circumstances, such as with a court order or in a medical emergency.

All communication with a patient's clinical treatment team during the course of a hospitalization is strictly confidential. Unless a patient provides written permission by signing a release of information form, clinical staff at McLean and other institutions cannot disclose information about the patient or treatment. Family members may be helpful in ensuring that a release is signed by the patient to allow communication between the family and the treatment team.

Patients may obtain a copy of their records by submitting a written request and authorization to a hospital's medical records department. Patients will be provided copies of a discharge summary without charge, but requests for more extensive parts of the record will generally necessitate a copying charge. Most hospitals have a policy that allows patients' families, legal guardians, or healthcare agents to request permission to either inspect a hospital record or obtain a copy of the discharge summary and other portions of a record. This request must be accompanied by the consent of the patient or other legally authorized person. In psychiatric hospitals, healthcare agents can access records only if a patient's healthcare proxy has been activated and the patient is unable to make healthcare decisions for him- or herself. Although most requests are granted, access to a record may be denied if it will result in serious harm to the patient.

Financial Planning

Although encouraging treatments are available for patients struggling with psychiatric illness, the recovery process is often very long; indeed, many individuals require some form of professional care for their entire lives. As a result, psychiatric illness often has a profound effect upon the finances of patients and families.

The age of the person with the illness and the severity of that illness are key factors to consider as one thinks about responsible financial management. The following are suggestions about how to think about financial resources and the need to protect the patient's and the family's assets over the long term.

- Use one's medical insurance when possible to pay for treatment.
- Most insurance plans cover varying degrees of inpatient acute hospitalizations, partial hospitalization, and outpatient therapy.
- Many insurance plans have preferred treatment providers.
- Understanding the limits and benefits of one's policy is important and can prevent needless searches and unforeseen expenses.
- Charges for some treatment programs and outpatient providers can be paid initially by the patient and/or family with the expectation of reimbursement after an itemized bill is submitted with proper authorization from the insurance company.
- A privately paid therapist does not necessarily mean better treatment for your loved one.

Many people feel uncomfortable discussing fees with treatment providers. However, a good provider will be willing to share this important information with a potential client without hesitation. If you find the provider is not forthcoming about fees and other related information, you may want to consider another provider. The following are questions regarding finances that you may want to address over the phone or during your first visit with your intended provider as you seek out the best specialist(s) for your loved one:

- How much does the treatment provider charge per session? Does the treatment provider charge according to income (i.e., use a sliding scale)?

- Does the treatment provider charge for the initial session? Since many therapists do, you should get this information before your first visit.
- Does the treatment provider have a policy concerning vacations and missed or canceled sessions? Is there a charge?
- Does the treatment provider accept your type of health insurance?
- Does the treatment provider want you to pay after each session, or will you be billed periodically?

As mentioned before, recovery is more a marathon than a sprint, and it is possible that your loved one will need treatment for the foreseeable future, perhaps longer. Therefore, the possibility of having to pay for treatment over the long term becomes an important consideration. When discussing choices, families should carefully consider treatment options and their costs along with their loved one's ability to engage in treatment willingly.

It is also important to try to assess how financially responsible your loved one is. Remember that these illnesses can impair the very judgment that is needed to manage money responsibly and it may be necessary to collaborate with him or her in order to help manage his or her finances. In cases where more supervision is required, a guardianship or conservatorship (see Appendix D) may be needed. Social Security Disability Insurance (SSDI) is available for patients whose illness



prevents them from maintaining employment, but this amount is quite small. After receiving disability benefits for two years, patients become eligible for Medicare coverage.

Since every family's situation is unique, it is difficult to provide specific recommendations regarding financial planning. There are financial advisors and attorneys who are equipped to assist in determining the best way to protect assets, provide financial support, and ensure that your loved one's ongoing needs for care are adequately met. Please consult your family attorney or visit the American Bar Association's Lawyer Referral Directory (see Appendix A).

Navigating the Insurance Maze

For families struggling to care for a loved one with psychiatric illness, working with insurance companies can be confusing and overwhelming. Many questions arise about services that are covered, the length of time for which they are covered, coverage for outpatient versus inpatient care, plan limits, the use of in-network providers, and more. It is important to talk with your insurance company about benefits and potential costs that your loved one may incur.

Outpatient providers, coverage, and co-payments vary by insurance plan. Please check with your insurance company and/or the treatment provider directly to determine whether he or she is an approved provider. Most insurance companies maintain a list of these providers on their website; you may also contact the company directly and ask them to furnish it to you.

When calling for more information about coverage for inpatient care, you may be told by an insurance company that your loved one has coverage for 60 days of "medically necessary" treatment. People often assume this means that a hospital stay will be approved for 60 days. In reality, however, after a patient is admitted, most insurance companies review the patient's progress every two to three days and make a determination of whether more time at a particular level of care will be authorized because it is deemed to be medically necessary.

Patients and their families need to find a treatment provider who has the necessary experience and education to conduct effective treatment. Patients and their families may also need to advocate for themselves regarding insurance coverage and appeal insurance company decisions. Most insurance companies have specific grievance processes that are described in their informational material should this step be necessary. These processes do not tend to be adversarial.

Defining Various Legal Terms and Statutes

It is important to understand the most common legal terms and statutes that you may encounter as your loved one continues his or her recovery. Being familiar with these concepts is as important as having an understanding of treatment approaches and providers. In some cases, you may want to consult an attorney or other legal advocate for further information or guidance.

For a listing of legal terms and statutes, please see Appendix D.

A Final Thought

We hope that you have found this guide to be helpful and you feel encouraged, hopeful, well-informed, and realistic about your loved one's transition and the steps that you can take to help your loved one and yourself. We urge you to remember the five important messages introduced at the beginning of this guide:

There is hope. Recovery is possible.

You play an important role in your family member's recovery process.

Knowledge is power. Educate yourself about psychiatric illness.

It is vital that you take good care of yourself.

We are here to help.



Appendices

Print Resources

Web Resources

Levels of Care

Treatment Providers

Legal Terms and Statuses

APPENDIX A: Print and Web Resources

We have compiled this list of some of the resources that are available for families and friends who are looking to better understand their loved one's psychiatric illness. A great starting point for anyone in your position is *When Someone You Love Has a Mental Illness* by Rebecca Wollis.

Print Resources

Bipolar Disorder

An Unquiet Mind: A Memoir of Moods and Madness by Kay Jamison

The Bipolar Workbook: Tools for Controlling Your Mood Swings by Monica Basco



The Bipolar Disorder Survival Guide: What You and Your Family Need to Know by David Miklowitz

I Am Not Sick, I Don't Need Help! How to Help Someone with Mental Illness Accept Treatment by Xavier Amador

Schizophrenia

The Center Cannot Hold: My Journey Through Madness by Elyn Saks

Surviving Schizophrenia: A Family Manual by E. Fuller Torrey

Depression

Darkness Visible: A Memoir of Madness by William Styron

Your Depression Map: Find the Source of Your Depression and Chart Your Own Recovery by Randy Paterson

The Loneliness Workbook: A Guide to Developing and Maintaining Lasting Connections by Mary Ellen Copeland

Attention Deficit (Hyperactivity) Disorder (ADD)

Living with ADD: A Workbook for Adults With Attention Deficit Disorder by M. Susan Roberts and Gerard Jansen

Anxiety/Panic

Mastery of Your Anxiety and Panic by David Barlow and Michelle Craske

The Feeling Good Handbook by David Burns

Life Changes

What Color is Your Parachute? A Practical Manual for Job-Hunters and Career-Changers by Richard Bolles

Borderline Personality Disorder/ Dialectal Behavior Therapy (DBT)

Mindfulness for Borderline Personality Disorder: Relieve Your Suffering Using the Core Skill of Dialectical Behavior Therapy by Blaise Aguirre and Gillian Galen

Skills Training Manual for Treating Borderline Personality Disorder by Marsha Linehan

Stop Walking on Eggshells: Taking Your Life Back When Someone You Care About Has Borderline Personality Disorder by Paul Mason and Randi Kreger

Post-Traumatic Stress Disorder (PTSD)

The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms by Mary Beth Williams and Soili Poijula

I Can't Get Over It: A Handbook for Trauma Survivors by Aphrodite Matsakis

Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment by Martin Seligman

Addiction

Helping the Addict You Love: The New Effective Program For Getting the Addict into Treatment by Laurence Westreich

Get Your Loved One Sober: Alternatives to Nagging, Pleading, and Threatening by Robert Meyers and Brenda Wolfe

Dementia/Cognitive Disorders/Older Adult Care

A Dignified Life: The Best Friends Approach to Alzheimer's Care by Virginia Bell and David Troxel

Chicken Soup for the Soul: Living with Alzheimer's & Other Dementias by Amy Newmark and Angela Geiger

Learning to Speak Alzheimer's: A Groundbreaking Approach for Everyone Dealing with the Disease by Joanne Koenig Coste

Chicken Soup for the Soul: Family Caregivers by Joan Lunden and Amy Newmark

The Emotional Survival Guide for Caregivers: Looking After Yourself and Your Family While Helping an Aging Parent by Barry Jacobs

Coping With Your Difficult Older Parent: A Guide for Stressed-Out Children by Grace Lebow, Barbara Kane, and Irwin Lebow

Stages of Senior Care: Your Step-by-Step Guide to Making the Best Decisions by Paul Hogan and Lori Hogan

The Complete Eldercare Planner: Where to Start, Which Questions to Ask, and How to Find Help by Joy Loverde

The Burden of Sympathy: How Families Cope with Mental Illness by David Karp

Web Resources

Massachusetts Department of Mental Health

Offers information about where patients, families, and friends can learn more about state services, programs, and other resources.

www.mass.gov/eohhs/gov/departments/dmh

Massachusetts Medical Orders for Life-Sustaining Treatment

Forms, regional contacts, and frequently asked questions for patients, families, and professionals.

www.molst-ma.org

Massachusetts Medical Society

Page includes links to information about healthcare proxies, living wills, and more.

www.massmed.org/Patient-Care/Health-Topics/Health-Topics

Massachusetts Guardianship Association

Information and resources about guardianship and conservatorship.

www.massguardianshipassociation.org

Massachusetts Court System: Law Libraries

Web page focused on medical privacy and HIPAA laws.

<http://www.mass.gov/courts/case-legal-res/law-lib/laws-by-subj/about/medicalprivacy.html>

American Bar Association Lawyer Referral Directory

Provides information about lawyer referral programs for each state.

apps.americanbar.org/legal-services/lris/directory

Depression and Bipolar Support Alliance (DBSA)

Website offers a wide variety of support and education information for those with mood disorders.

www.dbsalliance.org

McLean Hospital Patient Rights and Privacy Information

McLean's privacy policy including HIPAA forms.

www.mcleanhospital.org/privacy-policy

Substance Abuse and Mental Health Services Administration

Resources to help reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

National Alliance on Mental Illness (NAMI), Massachusetts Chapter

Information on mental illness educational, support, and advocacy programs in Massachusetts.

www.namimass.org

National Institute of Mental Health

The NIMH offers robust online materials about mental health conditions and treatments.

www.nimh.nih.gov

Mental Health America

General mental health information for patients and care providers.

www.mentalhealthamerica.net

Families for Depression Awareness

Nonprofit that helps families recognize and cope with depression and bipolar disorder.

www.familyaware.org

McLean Hospital's Cole Center

Resource library located in the de Marneffe building on McLean's Belmont campus.

www.coleresourcecenter.org



Older Adult Care

Geriatric Mental Health Foundation

Information and resources for older adults and their families
www.gmhfonline.org

Family Caregiver Alliance

Information for family members and friends caring for depressed seniors.
www.caregiver.org

National Institute on Aging

Large collection of information on health and aging.
www.nia.nih.gov

National Institutes of Health: Senior Health

Similar to the National Institute on Aging's website but specifically created for older adults.
www.nihseniorhealth.gov

Alzheimer's Association: Massachusetts and New Hampshire Chapter

Offers support, education, and other resources for those affected by Alzheimer's and other dementias.
www.alz.org/manh

Depression and Bipolar Support Alliance (DBSA)

Website of national organization providing support and education for people with mood disorders.
www.dbsalliance.org

Brain & Behavior Research Foundation

Good information center about mental illness and scientific advancements.
www.bbrfoundation.org

The web links here and on the preceding page were accurate as of July 15, 2015.



APPENDIX B: Specialty Levels of Care

The level-of-care examples provided below are not exhaustive but provide an overview of services available for individuals in need of treatment. The terminology used in the criteria for care and the resources available may vary from state to state.

Please note that while the field of psychiatry has established standards of treatment guidelines for diagnoses, insurance coverage for aftercare programs and treatments may vary from carrier to carrier.

A description of the most common levels of general psychiatric care can be found in the discharge planning section of this guide on page 10.

Substance Use Disorder Levels of Care

Inpatient Detoxification Rehabilitation: 24-hour medical monitoring and stabilization with medication to assist patients who are safely withdrawing from substance use.

Crisis Stabilization and Assessment: Unlocked unit for patients in crisis providing support, stabilization, evaluation, and coping skills; focused on substance use.

Residential Program: Therapeutic environment providing intensive, multidisciplinary individual and group treatment in an overnight setting.

Sober Living Environment: Safe and supportive therapeutic living facility where people struggling with substance use disorders typically reside in an interim between rehabilitation and home.

Dual Diagnosis Partial Hospital Program: Individual and group therapy for patients with co-occurring psychiatric and substance use challenges, provided while the patient remains living at home or in the community.

Partial Hospital Program: Combines individual and group therapy for patients focusing on substance use treatment while patient remains living at home or in the community.

Intensive Outpatient: Group therapy for substance use treatment as well as co-existing psychiatric conditions; typically offered a few days per week during evening hours.

Outpatient Therapy and Psychopharmacology: Individual meetings with treatment providers to provide therapeutic interventions and medication management.

Outpatient: Individual and group therapy for patients with co-occurring disorders such as depression and substance use disorders; typically occurs while patient lives at home or in the community.

Geriatric Conditions Levels of Care

Independent Living Community: Offers services and amenities that cater to older adults to promote active, healthy, and social lifestyles (sometimes known as a retirement community).

Adult Day Care: Daytime program that offers different levels of care including medical and custodial



care, specialized care, supervision, recreation, and socialization for older adults in a group setting in the community. Older adults participating in these programs may be frail, have physical or intellectual disabilities or cognitive impairment, or want or need a structured day. This type of program is for those living in their own homes with caregivers.

Respite Care: In-home caregiving support services or short-term stay at an assisted living facility for increased structure, security, or socialization. Also gives caregivers a break to help alleviate burnout.

Adult Family Foster Care: Host caregivers or families willing to care for adults who are not able to safely live alone in the community and who need daily help with personal care. This is an alternate program for adults who prefer to live in a family setting rather than in a nursing home or other facility.

Assisted Living Facility: Residence for older adults in need of assistance with at least one of the activities of daily living or custodial care, such as dressing, bathing, eating, or medication management. Residence may also include psychiatric and/or memory care support.

Residential Care Homes: Provides housing, support services, and medical oversight in a residential setting. This type of housing offers meals, medication

management, and 24-hour staff available to respond to residents in need of assistance but who are more capable of living on their own.

Skilled Nursing Facility: Residence that provides the full spectrum of care, including skilled nursing, medical and custodial care, and rehabilitation services to individuals in need of short- or long-term stays. Residence may also include psychiatric and/or memory care support.

Continuing Care Retirement Community: Retirement community that offers a variety of supportive housing options on one campus to encourage older adults to “age in place.” Services and housing options typically include a day care program, independent living, an assisted living facility, and a skilled nursing facility.



APPENDIX C: Treatment Providers

Psychiatrist: Psychiatrists are medical doctors (MDs) who primarily work with individuals with mental health-related issues. Most have received additional specialty training in adult or child psychiatry. Within the field of psychiatry, there are also a variety of subspecialties such as addiction and brain injury. As a licensed physician, a psychiatrist is qualified to prescribe medication and may also provide psychotherapy. In order to become a psychiatrist in Massachusetts, one must be licensed by the Board of Registration in Medicine to practice medicine. In addition, one must be certified by the American Board of Psychiatry and Neurology in order to practice the medical specialty of psychiatry. Refer to the online database of the American Board of Psychiatry and Neurology, Inc., to search for and locate a psychiatrist in your community.

Psychologist: Psychologists have a doctoral degree in clinical or counseling psychology. Most typically graduate with a PhD or PsyD, while a few may have an EdD or a master's degree. Psychologists who practice in Massachusetts cannot prescribe medications. These professionals are qualified to conduct psychological assessments for diagnostic clarification, perform clinical interventions, and provide psychotherapy. In order to practice independently, they must be licensed by the Board of Registration of Psychologists. To locate a psychologist in your community, refer to the American Psychological Association Practice Organization search database.

Social Worker: Social workers have attended graduate schools of social work and have achieved a master's degree (MSW) or a doctoral degree (DSW). They may work in a variety of mental health settings such as hospitals, community agencies, clinics, schools, and private practices. The Board of Registration of Social Workers licenses social workers in Massachusetts who work in mental health settings. The highest level of licensure for a social worker is the Licensed Independent Clinical Social Worker (LICSW). Only those professionals awarded this level of licensure can work in private practices and provide administrative

supervision to other social workers. The National Association of Social Workers database can help you locate a social worker who fits your needs.

Licensed Mental Health Counselor: Licensed mental health counselors have received a master's degree in counseling psychology. Like social workers, these professionals provide quality mental health services for patients in private practice settings, agencies, clinics, schools, and hospitals. In order to provide



direct clinical services within the mental health field in Massachusetts, they must be licensed by the Board of Allied Health and Human Services Professions. Refer to the American Mental Health Counselors Association search database to locate a licensed mental health counselor in your community.

Alcohol and Drug Counselor: Alcohol and drug counselors are involved in the assessment, treatment, and prevention of the use and abuse of alcohol and drugs. Most alcohol and drug counselors are licensed by the Massachusetts Bureau of Substance Abuse Services. They have a minimum of a bachelor's degree in substance abuse counseling. Many have a master's or doctoral degree in behavioral sciences. They are qualified to provide a combination of evaluation, counseling, skill building, and support services necessary to patients. The highest level of licensure for an alcohol and drug counselor is the Licensed Alcohol and Drug Counselor I (LADC-I). Only those professionals awarded this level of licensure can provide independent alcohol and drug counseling and provide administrative supervision to other alcohol and drug

counselors. Search the Bureau of Substance Abuse Services Licensing System provider database to locate an alcohol and drug counselor in your community.

Psychiatric Nurse: Psychiatric nurses have trained in a school of nursing and have attained advanced specialty training and clinical work in the field of mental health. Psychiatric mental health nursing is a specialty within nursing much as psychiatry is a specialty within the practice of medicine. Psychiatric mental health registered nurses (PMHN) have received a bachelor's degree and completed a licensing examination. These professionals are qualified to conduct clinical and diagnostic assessments, develop plans of care, and implement and evaluate the nursing process. Many other psychiatric nurses have earned an advanced practice master's (APRN) or doctoral degree (PhD, DNP, or DNS) in the field of nursing. They may practice as psychiatric and mental health nurse practitioners (PMHNP), clinical nurse specialists (CNS), or nurse practitioners (NP) in a variety of mental health settings. These professionals are qualified to assess, diagnose, and treat patients with psychiatric disorders much as a PMHN does. They also are in private practice and can prescribe medication and administer psychotherapy, much as medical doctors do. Refer to the American Psychiatric Nurses Association search database to locate a psychiatric nurse in your community.

Psychotherapist: Psychotherapist is a generic term that describes someone who practices psychotherapy. It is often used interchangeably to refer to the different licensed professionals noted above. However, this term is not regulated by the state of Massachusetts and could be used by someone without proper training. Patients seeking out a qualified psychotherapist within their community should inquire about credentials and licensure so that there is a clear understanding about his or her level of training and expertise.

Case Manager: Case managers are non-licensed professionals who are trained and certified to assist patients with the coordination of services and supports required to live successfully in the community. Certification for a case manager varies by state. In order to qualify as a board-certified case manager (CCM) in Massachusetts, one must be approved by the Commission for Case Management Certification. Case management work is considered an area of specialty practice within nursing, social work, vocational rehabilitation, and other human services professions. Certified case managers are employed by hospitals, physician practices, health plans, rehabilitation facilities, mental health agencies, and disease management organizations and in independent practice. To locate a case manager in your community, refer to the national Case Management Society of America search database.



APPENDIX D: Legal Terms and Statuses

What Is a Section 12 Emergency Hospital Admission?

In Massachusetts, Section 12 of Chapter 123 of the Massachusetts General Laws addresses the admission of an individual to a general or psychiatric hospital for psychiatric evaluation and potential treatment. Section 12(a) allows an individual to be brought against his or her will to such a hospital for evaluation. Section 12(b) allows an individual to be admitted to a psychiatric unit for up to three business days against the individual's will or without the individual's consent.

A physician, qualified psychiatric nurse, psychologist, licensed independent clinical social worker, or police officer may apply to admit anyone to a facility if he or she believes that the person meets the standard for admission. The standard for admission is the likelihood that the individual poses a substantial risk of harm to him- or herself or someone else because of a psychiatric disorder. It is important to be aware that applying to admit an individual into a hospital does not necessarily guarantee a hospital admission for psychiatric treatment.

What Is a Section 10 and 11 Conditional Voluntary Hospital Admission?

A conditional voluntary admission is when a patient signs an application, which the hospital must accept, in order to admit oneself to a hospital and change one's status to become a voluntary patient. Before signing in as a conditional voluntary patient, a patient must be given the opportunity to consult with an attorney or a legal advocate. In addition, a hospital may accept an application for conditional voluntary admission only if upon assessment by the admitting or treating physician it is determined that the patient is competent to understand the admission process and the patient desires treatment. A patient will remain on this status until the hospital decides to discharge the patient, the patient asks to leave by filing a Three-Day Notice, or the hospital decides to pursue commitment.

What Is a Three-Day Notice?

At any time during a conditional voluntary stay at a hospital, a patient may submit to the hospital a written

notice—called a Three-Day Notice—of intent to leave. During these three days, the patient may be held at the hospital while the staff evaluates the patient's clinical progress and appropriateness for discharge. A person may not be held against his or her will for longer than three days unless, prior to the end of the third day, the hospital petitions for the patient's commitment. Saturdays, Sundays, and legal holidays are excluded from the count of the three days. A patient may retract the Three-Day Notice at any time before action is taken on it.

What Is a Section 35 Hospital Commitment for Alcohol and Substance Abusers?

In Massachusetts, Section 35 of Chapter 123 of the Massachusetts General Laws permits the courts to involuntarily commit someone whose alcohol or drug use puts him- or herself or others at risk. A spouse, blood relative, legal guardian, physician, police officer, or court official may request the district court to commit someone to treatment under Section 35. The court must review the facts and then decide whether or not to issue an order of commitment. Commitment can be ordered only if there is a medical diagnosis of alcoholism or substance abuse and there is a likelihood of serious harm to the individual or others as a result of the existence of substance abuse. Such a commitment can lead to inpatient substance abuse treatment for a period of up to 90 days. Under the law, the person can be committed to a licensed treatment facility or, if none is available, to a separate unit at a correctional facility.

What Is a Healthcare Proxy?

A healthcare proxy (also sometimes referred to as a durable power of attorney for healthcare) is a legal document used to name a person's healthcare agent. The designated agent is legally authorized to make medical decisions for another person if that person cannot make medical decisions for him- or herself. The agent's authority is used only when an attending physician determines that the person cannot make or communicate his or her own decisions (in cases of unconsciousness, coma, dementia, or other cognitive limitation). This document is relatively simple to fill out and does not require an attorney. The person signing the proxy identifies whom he or she wants the healthcare agent to be and also designates an alternate agent. There is space on the document to identify special limitations,



if any, to the authority granted the agent. Individuals may choose to complete a standard healthcare proxy that can be found online or through a treatment provider. Because each person's situation is different, detailed legal advice from a private attorney may be desirable to tailor the document to one's individual needs.

What Is a Power of Attorney?

A power of attorney is the authority for a designated agent or attorney-in-fact to represent or act on a person's behalf in either specified or all financial matters, including private affairs and business. There must be a written letter of authorization before legal standing can be determined. The designated agent or attorney-in-fact has authority only for as long as the person naming him or her remains competent. If the person later becomes incompetent, the power of attorney becomes null and void. This would mean a court process would then be required for someone to be able to step in and handle all financial affairs following the determination of a disability or incapacity. To minimize the need for court involvement by allowing a power of attorney to remain effective after disability or incapacity, the Massachusetts legislature passed a law to allow for the creation of a "durable" power of attorney. In order to create a durable power of attorney, a written letter of authorization must make clear that the powers detailed in it remain effective even after disability or incapacity is established.

What Is Guardianship and Conservatorship?

Guardianship is a legal process for adults who have a clinically diagnosed medical or psychiatric condition and are unable to make or communicate effective decisions about their everyday self-care, health, and safety. The Massachusetts Probate Court can appoint a

legal guardian to make specified or all personal decisions on the adult's behalf. A guardianship must protect the adult's rights and independence and can be limited to areas where the adult's ability is impaired. Guardianship is also a legal process for a child under the age of 18 who is not under a parent's care. The Massachusetts Probate Court can give custody and care of a child to a legal guardian if a parent gives permission or if the court finds the parent unable or unavailable to provide care. The appointed legal guardian would take on the role of a parent by providing a stable home and making everyday decisions about a child's health, education, and safety.

Conservatorship is a legal process for adults who are unable to make or communicate decisions about their money, property, or business affairs. It may also be considered for instances where the adult's property would be wasted or money is needed for the adult's care. A conservatorship protects the adult's rights and independence and can be limited to areas where the adult's ability is impaired. Conservatorship is a legal process for children under the age of 18 who lack the protection of an adult to make decisions about their money, property, or financial matters. The Massachusetts Probate Court can appoint a conservator to manage and protect an adult's or a minor's estate.

A medical evaluation of a person's abilities, impairments, and other factors is necessary to help determine whether guardianship and/or conservatorship are needed for an adult. Before beginning a legal process of guardianship and/or conservatorship, it should always be considered whether an adult has the capacity to sign a healthcare proxy and/or a durable power of attorney. These legal documents are helpful alternatives to guardianship and conservatorship for adults.

What Is a Rogers Guardianship?

A Rogers Guardianship is a legal process involving an individual who has been determined to be incapacitated and requires medical treatment or care that the court system considers extraordinary. The Massachusetts Probate Court can authorize use of extraordinary medical treatment or care during a Rogers Guardianship hearing for an individual with a psychiatric disorder living in a community setting or a nursing facility. Types of treatment a court may consider extraordinary include administering antipsychotic medication and electroconvulsive therapy.

What Are the Types and Distinctions of Legal Healthcare Directives?

What Is an Advanced Directive?

An advanced directive is a voluntary legal document providing information relating to the type of medical treatment that should be performed if an individual's life is in danger and he or she is unable to communicate his or her wishes. An advanced directive is often referred to as a "living will" or "final wishes." This document typically contains more general instructions about medical treatment and cannot be followed by emergency medical service (EMS) providers in an emergency. Massachusetts law does not authorize this legal document, so an advanced directive can be used only as evidence of a person's wishes. Furthermore, it is effective only after a patient becomes incapacitated and can no longer be consulted. In other words, a healthcare agent can make decisions on the patient's behalf only after a physician has determined that the patient lacks capacity to do so.

What Is a Medical Order for Life-Sustaining Treatment (MOLST) Form?

A MOLST is a voluntary legal medical document that contains specific and actionable medical orders involving life-sustaining treatments that are effective immediately based on a patient's medical condition. This document can be used statewide in Massachusetts and transitions with the patient across healthcare settings. It must be signed by both a treatment provider (i.e., a physician, nurse

practitioner, or physician assistant) and a patient. It is effective as soon as it is signed, regardless of a patient's capacity to make decisions. It is essential that there be communication between the treatment provider, patient, and his or her healthcare agent in order to ensure shared, informed medical decision making.

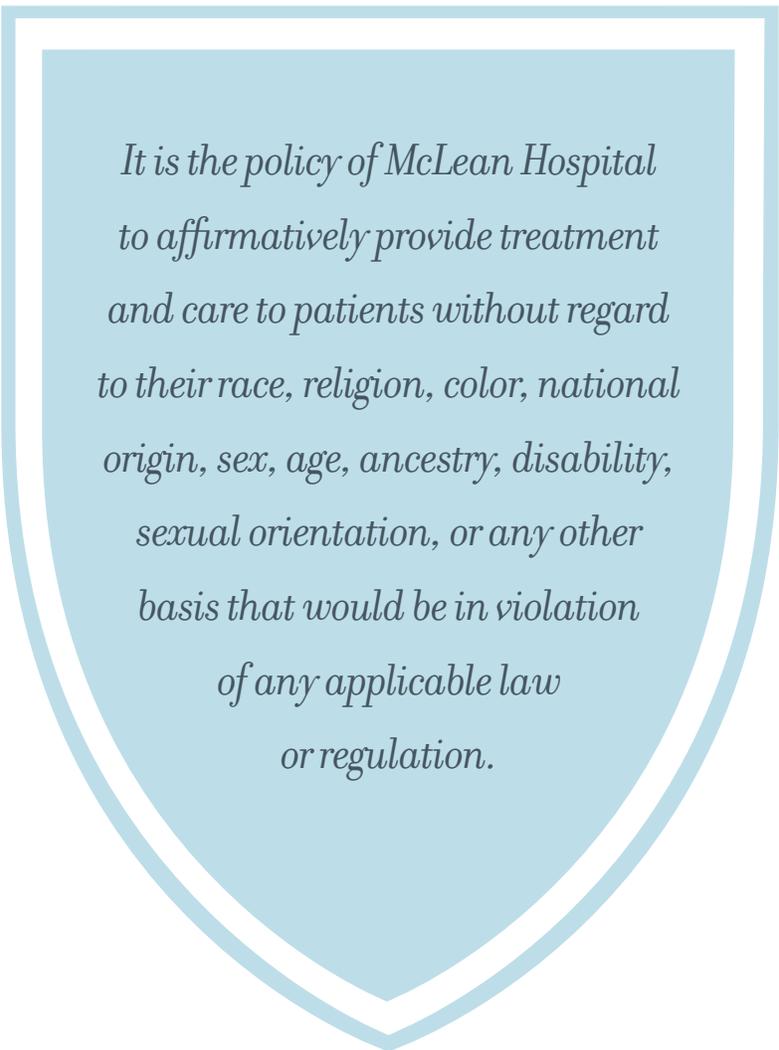
What Is "Life-Sustaining Treatment?"

Life-sustaining treatment is any medical intervention with the goal of stabilizing a medical condition and sustaining survival without necessarily attempting to reverse or cure a disease process. Cardiopulmonary resuscitation (CPR) is presumed to be a form of life-sustaining treatment. Pharmacologic agents such as antibiotics are another form of treatment.

What Types of Medical Treatment Instructions May Be Found in an Advanced Directive or a MOLST?

- Resuscitation instructions when a patient has no pulse and/or is not breathing (CPR versus Do Not Resuscitate [DNR order]).
- Instructions for intubation and mechanical ventilation when the patient has a pulse and is breathing (Intubation versus Do Not Intubate [DNI order]).
- Treatment guidelines.
- Future hospitalization and transfer.
- Artificially administered fluids and nutrition.
- Antibiotics.
- Other instructions about treatments (e.g., decisions about dialysis, implantable defibrillators, etc).





*It is the policy of McLean Hospital
to affirmatively provide treatment
and care to patients without regard
to their race, religion, color, national
origin, sex, age, ancestry, disability,
sexual orientation, or any other
basis that would be in violation
of any applicable law
or regulation.*

Recovery:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

*Substance Abuse and Mental Health
Services Administration (SAMHSA), 2011*



McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

McLean is the largest psychiatric facility of Harvard Medical School and a member of Partners HealthCare.

McLean Hospital 115 Mill Street :: Belmont, MA :: 02478 :: 800.333.0338
McLean SouthEast 23 Isaac Street :: Middleborough, MA :: 02346 :: 774.419.1000
www.mcleanhospital.org



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

© 2014 The McLean Hospital Corporation

0100 0914