



Protocol Guidelines for Psychiatric Hospitalization Process

The process of hospitalization is often a difficult event for the individual being considered for hospitalization. To the highest degree possible, when an individual is in a psychiatric crisis, evaluation and assessment decisions should result in the least restrictive, trauma informed treatment delivered in the individual's community. It is recognized that there are certain elements that should be included in all processes involving hospitalization or the consideration of hospitalization. All hospitals should insure the incorporation of the following elements into their existing protocols for psychiatric hospitalization:

- **Face to Face Assessment** – Assessments should be conducted in person with the individual and should utilize evidence-based clinical assessments rather than informal clinical impressions. The assessment must include a trauma assessment and must be conducted in a timely and respectful manner. The resolution should also be determined and conveyed to the individual in a timely manner while allowing enough time and attention to determine issues that need resolution. Admission decisions should be clinically-based rather than liability-based.
- **Holistic Understanding of the Crisis** – The assessment should include comprehensive information regarding the precipitating circumstances of the crisis. This would include the involvement of individuals familiar with the presenting individual such as the person him/herself, friends, family members, case manager, group home staff, crisis worker, police, guardians, etc. within the bounds of confidentiality laws. It is important to maintain awareness the crisis can often be precipitated by conflict with one or more of these parties. While an individual might or might not have been accompanied to an emergency department by a friend or family member, he/she should be asked privately who else could provide helpful information.
- **Communication with the Presenting Individual** – Individuals should receive timely and respectful information about the hospitalization process, including who the decision makers are and how decisions are made. The individual should be offered choices and collateral perspectives. Communication also involves understanding the perspective of the individual. This perspective is paramount in attempting to ensure comfort and safety.
- **Psychiatric Advance Directives (PAD) and Crisis Plans** – Determine if the individual has a crisis plan or psychiatric advance directive and utilize it. The individual, supporters, mental health workers should all be asked if a plan exists. Even if an

individual is determined to lack capacity, an existing crisis plan or PAD can help guide treatment decisions to reduce trauma. Individuals should be given the option of keeping a plan on file with the hospital. These files must be checked for relevant crisis plans or psychiatric advance directives when an individual presents at the emergency department. Crisis plan, Psychiatric Advance Directives or WRAP (Wellness Recovery Action Plan) forms can be included in discharge as well as contact information for peer centers.

- Elimination of Seclusion and Restraint – Avoid escalation of crisis. Seclusion and restraint is not a treatment modality. Security staff should be trained in de-escalation and redirection. Training for ED staff should include mediation and conflict resolution as well as alternative resources.
- Utilize the Least Restrictive Environment Available – Work with crisis providers to determine available resources such crisis stabilization units, peer crisis respite, observation beds, home with needed support and assess for appropriateness. Planning should retain community connection with mental health and natural supports.
- Access to Support – The individual should have access to supporters. Have trained peers supporters available to individuals in crisis at the ED. Ask the individual if there is anyone they would like to have called.
- Trends of inappropriate use of ERs by contracted providers should be reported back to state to plan intervention.