Psychiatric Hospital to School Transitions

The Problem

- Hospitalization of teens for mental illness is a growing problem. According to the National Hospital Discharge Survey, 1000 out of 100,000 adolescents (aged 14-19 years) per year is experiencing psychiatric hospitalization (Blader, 2011).
- In 2014, approximately 606,000 adolescents(aged 12-17) received inpatient or residential specialty mental health services (SAMSHA, 2016).
- CDC approximates that each year approximately one in five children in the United States experiences a seriously debilitating mental illness described as 'serious deviations from expected cognitive and emotional development" (APA, 2016).

Why is this important?

- It was found that adolescents aged 12-15 that met criteria for psychiatric hospitalization were significantly: less likely to complete high school, attend college and graduate school; more likely to experience significant emotional distress, and more prone to mortality at an early age when compared to same age peers without these psychiatric symptoms (Best, Hauser, Gralinkski-Bakker, Allen, & Crowell, 2004).

Psychiatric Hospitalization vs Chronic Illness Hospitalization

- Although psychiatric hospitalization of youth is a growing problem, research and resources for transitioning this youth back to school post hospitalization is sparse (Blizzard et al. 2016, Clemens et al. 2010, Savina et al. 2014, Tisdale, 2014).
- There is alack of literature describing the transition form psychiatric hospitalization to schools (Savina, Simon and Lester. The exiting research focuses on adult perspective (Iverson, 2017).
- Research on reentry to school after hospitalization following a chronic illness and its resulting side effects due to physical illness is extensive (Blizzard et al. 2016 ; Simon and Savina, 2007, 2010).

Role of the school and school based mental health professionals.

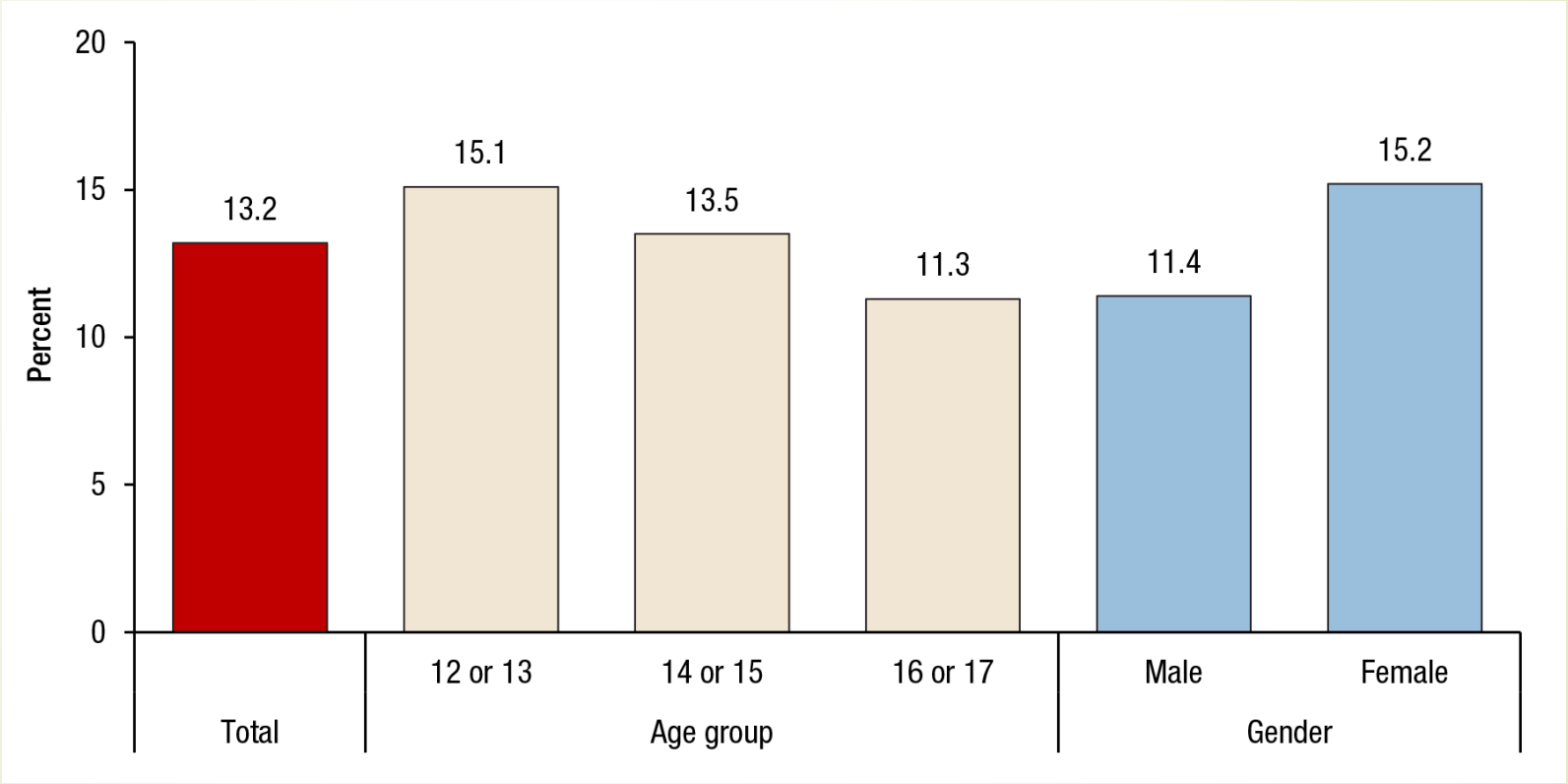
- School is one of the major discharge environments the child or adolescent encounters. A smooth re-integration to school is important for child's post – discharge adjustment (Iverson, 2017).

- School mental health professionals play an important role in supporting students who are transitioning from psychiatric hospital to school life. Despite lack of research in psychiatric hospital to school transitions, many school-based mental health professionals are expected to work with students after they are discharged from psychiatric hospitals. For nearly half of the children with serious emotional disturbances who do receive mental health services, the school system has been the sole provider (Feinberg & Cash, 2009).

Role of the school and school based mental health professionals.

- According to SAMSHA (2016), in 2014, 13.2 percent of adolescents aged 12 to 17 received mental health services in an educational setting in the past year. This translates to approximately 3 million adolescents receiving services in an educational setting, (SAMSHA, The CBHSQ Report, 2016)
- Families are more likely to accept mental health support provided at school due to a reduced sense of stigma and being offered in a familiar environment (Iverson, 2017).
- In a study by Reinke et al. (2011), 89% of teachers agreed schools should ne involved in addressing mental health needs of children. However only 34% of these teachers reported having skills to support students who have mental health needs.
- School counselor role is not always clear in supporting student mental health.

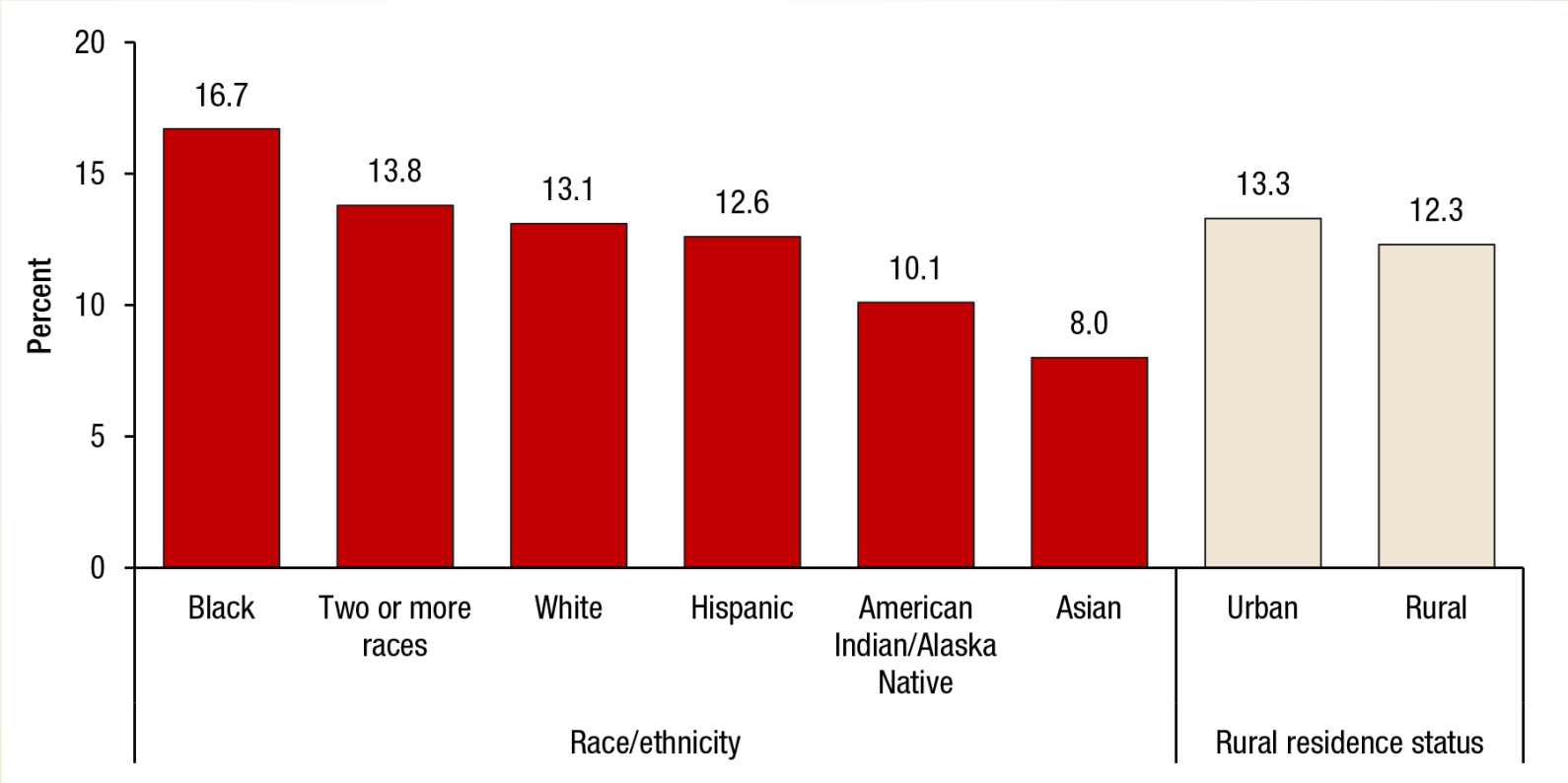
Receipt of mental health services in an educational setting in the past year among adolescents aged 12 to 17, by age group and gender: 2014-(SAMHSA, 2016)



Role of the school and school based mental health professionals

Adolescents aged 16 or 17 were less likely to receive mental health services in an educational setting than those aged 12 or 13 and 14 or 15 (11.3 vs. 15.1 and 13.5 percent, respectively; Figure 3). Adolescent females were more likely to have received mental health services in an educational setting than adolescent males (15.2 vs. 11.4 percent). Black adolescents were more likely to receive mental health services in an educational setting than white, Hispanic, American Indian or Alaska Native, or Asian adolescents (16.7 vs. 13.1, 12.6, 10.1, and 8.0 percent, respectively; Figure 4). There were no statistically significant differences in adolescent receipt of mental health services in an educational setting by rural or urban residence status (13.3 percent among those living in urban areas and 12.3 percent among those living in rural areas).

Receipt of mental health services in an educational setting in the past year among adolescents aged 12 to 17, by race/ethnicity and rural residence status: 2014



Role of the school and school based mental health professionals.

- Schools are focusing heavily on statewide assessments and a time-bound curriculum which makes school mental health services not a priority even when mental health is impacting student's academic success severely. School-based mental health professionals are viewed as supplementary providers (Adelman & Taylor, 2003), who are not fundamental for the success of all students. Additionally, school based mental health professionals differ in terms of their academic background, and professional roles which may be barriers to helping students transition back to school efficiently (Center for Mental Health in Schools, UCLA, 2013; Tisdale, 2014).

Role of the school and school based mental health professionals

- Opponents of the idea of school based mental health services state that the mission of school is educating students but education might be described differently (Tisdale, 2004) among educators and administrators.

Perspectives of school based mental health professionals.

Tisdale(2015) did a study with school based mental health professionals. SB based MH professionals reported below in the survey:

- 1. School staff were more likely to have contact with parents prior to discharge than hospitals.
- 2. The critical time for transition was within the first week after discharge.
- 3. Reported concerns for anxious or withdrawn behavior of students upon return,
- 4. Reported a need for resources such as hospital discharge plan,
- 5. Reported inconsistent contact from hospital staff.

Perspectives of Special Education Teachers

Simon and Savina (2010) did a research with special education teachers who had direct experience with students who transitioned from psychiatric hospital to school. According to the study:

- 76% of SE teachers had contact with parents before student's return to school. 45% of SE teachers had contact with hospital staff before student's return.
- 91% of SE teachers had contact with parents after student's return. 37% had contact with hospital staff after discharge.
- In the study SE teachers indicated they wanted further information about the child' disorder, consultation with hospital staff and access to discharge summary.
- 93% of SE teachers reported students showing off-task behavior after their return to school.

Perspectives of the hospital mental health staff:

In Simon and Savina's (2005) study, hospital therapists were asked about the actions they performed during adolescents' discharge from hospital:

- Prior to discharge they reported having face to face meeting with parent or caregivers, consulting with school personnel via phone.
- Post-discharge practices included 28.6 % of therapists provided consultation to parents over the phone, 24.5% provided consultation to school personnael over the phone and 46.9 % reported mailing or faxing a discharge summary to school.
- Therapists in the study identified peer relationships as a topic of concern after discharge. Another concern that was most identified was anxiety after discharge.

Perspectives of the hospital mental health staff:

In Tisdale's (2015) study hospital mental health staff reported below:

- 1. Indicated always contacting schools prior to discharge.
- 2. Being available to meet with school staff with parental consent.
- 3. School and family contact ceased after discharge.
- 4. More than half revealed that they are willing to reinforce transition plans if school or parent makes contact.

Students

- During Clemens' study with professionals working with youth who are transitioning from hospital to school(2010), three major themes emerged.
- Academic: effects of missing work, pre-existing academic concerns, and readiness for reentry (ready for discharge but not for full time school reentry).
- Social: concerns about explaining their absence, friendships which are affected by hospitalization.
- Emotional: adolescents resporting experiencing an overwhelmed feeling going from hospitalization where the adolescent receives a high level of care and support to the school where there is more stress and less support.

- The lack of clearly relevant research leaves hospital and school-based professionals to develop their own processes by which to address patient/student transition".

- Negative post-discharge of outcomes for these adolescents seem to be significant as re-hospitalization occurs frequently (Savina et al., 2014).
- The hospitalization criteria set forth by the current health care system point to the need for involving school-based professionals in the planning of follow-up treatment upon discharge (Tisdale, 2014).

Re-Hospitalization

- Research indicates that, re-admission rates for children and adolescents are high.
- Adolescents are most vulnerable for re-hospitalization within three months of their discharge (Fontanella, 2003 as cited in Teasdale, 2014).
- In a study by James et al.(2010), 43% of youth experienced rehospitalizations following a first psychiatric hospitalization over a 30 month follow-up period.

Re-Hospitalization-Wisconsin

According to Wisconsin Office of Children Mental Health Report (2017).

- In 2015, 11% of Wisconsin children who were hospitalized for psychiatric reasons were re-admitted within 30 days.
- The percent of Wisconsin children readmitted into hospital within a year has increased almost 20% from 2013 to 2015.
- The average monthly Emergency Detention admissions have steadily increased since 2011.
- Psychiatric hospitalization is expensive, costing almost $5000 per stay.

Challenges in Transition

- There is often little coordination between hospitals and schools (Simon and Savina, 2010; Tisdale, 2014).
- There is also limited communication and coordination between the school, hospital and family (Simon and Savina, 2010).
- Less than half of the teachers had received communication from hospital staff before and after discharge. School staff often were not included in the planning or receive notification of the child's return (Simon and Savina, 2010).
- Caregivers identified a need for clear communication on the school's expectations of their children upon return (Simon and Savina, 2010).
- Special education teachers who have dealt with students returning from psychiatric hospitalizations felt they needed additional training and support to successfully meet student needs (Simon and Savina, 2010).

Challenges in Transition

- While hospital staff members view communication with an outpatient mental health provider as an essential part of post-discharge planning, they do not include school staff in such planning (Savina et al., 2014).
- Unfortunately few psychiatric residential treatment facilities and schools have protocols or guidelines in place to help students transition back into the school setting (UCLA Center for School Mental Health, 2015).

Suggestions:

- Balkin and Roland (2007), proposed a goal attainment model to provide stabilization for adolescents who were hospitalized in acute care psychiatric programs. In the model, problem identification, coping skills and commitment to follow up after discharge were recommended. The result of the study indicated a possible correlation between being able to clearly express problems and symptom relief (As cited in Iverson, 2017.
- Moses(2011) found that peer support had a profound positive impact on adolescents (As cited in Iverson, 2017).
- Present protocols suggest having districts sign an MOU about following specific guidelines for reentry after a psychiatric hospital discharge and assign an administrative contact person to act as a liaison between the hospital, parents and the school (UCLA Center for School Mental Health, 2015).
- A consideration of initial partial day attendance to ease the stress of the transition is recommended(UCLA Center for School Mental Health 2015).

Suggestions:

- School mental health staff's preparedness to manage student transitions will increase as the availability of hospital, community and school resources increase (Tisdale, 2014).
- School mental health providers should be primarily responsible for student reintegration.
- School mental health staff can be efficiently prepared to manage student transition plans with collaboration with hospital staff, school staff support, financial support, professional development and training and administrative support (Tisdale, 2014).
- Sending the student to school for brief exposure earlier in their hospitalization may be beneficial.

Suggestions:

- White et al. (2006) described an intensive program where students received school-based care coordination during the first six to ten weeks after discharge. The student identified goals throughout the program and regular classroom time increased as the student became ready to fully attend school.
- The models used for preparing children with chronic illness and their families, peers and school staff for transition back to school after an extended hospital stay can be adopted (Shaw and McCabe, 2008).

  Phase 1-initiation of community supports, arranging jospital and homebound instruction, peer education

  Phase 2: hospital school communication, development of an instructional support plan, preparing for absences and anticipating psychosocial adjustment issues.

  Phase 3: Hospital, school, family follow up communications.

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