

TRANSITION & TREATMENT

Many patients will transition to outpatient treatment after discharge. The medical staff will share the post-discharge treatment plan with the patient and the designated lay caregiver. The patient and lay caregiver should be sure they have a good understanding of:

- The next level of care, how it differs from hospitalization, and what the patient should expect from outpatient treatment.
- Contact information for the non-hospital care including address and phone number of the site/provider.



FOLLOW-UP CARE

Follow-up care is crucial to long-term stability. Hospitals will work with the patient and lay caregiver to schedule a follow-up appointment that ideally will occur within 7 days of discharge. If the hospital is unable to schedule one within that time frame, the patient and lay caregiver will be provided with information, such as the provider's name, address and contact information, so that they can contact someone directly to schedule a follow-up appointment.

TRAINING AND INSTRUCTIONS

The staff will provide instructions and training to the patient and lay caregiver during the discharge process. If anything is unclear, lay caregivers should ask for more instructions.

- How to provide assistance to the patient
- Securing and administering medications
- Safety plans
- The name and location of follow-up appointments and community resources
- Any other assistance the patient/lay caregiver may want to consider

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WHAT TO EXPECT

WHEN A FAMILY MEMBER OR FRIEND IS DISCHARGED FROM THE HOSPITAL AFTER RECEIVING CARE FOR MENTAL HEALTH



QUESTIONS YOU CAN ASK:

- Ask how you can be involved in discharge planning.
- Ask for diagnosis and discharge information.
- Ask how you can give information about the patient's history to the hospital staff in writing.
- Ask if you can have the discharge plan, and for advice about medications.
- Ask about the risk of self-harm and what you can do about it.
- Ask if you can be a lay caregiver.

LEAVING THE HOSPITAL AFTER CARE CAN BE CONFUSING

It can be particularly confusing when a family member or friend is leaving the hospital after receiving treatment for mental health. Your hospital and its staff have taken steps to make sure it is as smooth as possible. This document will give you some tips on what to expect. It will also give you an idea of questions to ask to make sure you're able to help your loved one make a successful transition.



LAY CAREGIVER

To help patients transition from hospital care with the support of friends or family, Oregon law enables patients to identify a “lay caregiver” to participate in the discharge process.

If you've been designated as a lay caregiver, the hospital is required to involve you in the patient's discharge plan and provide you with information that will help you care for them once they leave the hospital.

Patients must give authorization to disclose their health information to lay caregivers. Federal privacy laws do not allow hospitals to share health information unless the patient agrees. Hospitals will ask patients for permission to share information with the lay caregiver. When the patient is a child, the parent or legal guardian will almost always receive patient information unless the hospital has a specific reason to withhold it. In some circumstances, the hospital may provide information to a support person if that person is closely involved in the patient's care or if the patient lacks capacity and the disclosure is in the patient's best interest.

▶ For patients under the age of 18, the lay caregiver is almost always a parent or legal guardian. If you are the parent of a child hospitalized for psychiatric care, you should notify hospital staff of your relationship and request to be included in your child's discharge planning process.

▶ For patients aged 18 and older, the patient has the right to decide if they would like to identify a lay caregiver unless there is a legal arrangement already in place. Hospital staff will typically encourage the patient to do so, but selecting a lay caregiver is exclusively the right of the patient.

KEY QUESTIONS

- What's happening to my loved one?
- Why is/isn't my loved one being discharged?
- What is my loved one's diagnosis?
- What are the treatment recommendations?
- What are the patient's prescribed medications?
- Can I get information on the prescription's dosage, side effects, signs of medication-related problems, and how to get refills?
- Are there outstanding safety issues?
- What steps should I take if there is a risk of suicide?
- When should I seek immediate medical attention for my loved one, and where is an appropriate place to seek it?
- What community resources – including case management, support groups and others – are available?
- What are the next steps?
- Who is a point of contact going forward?

PRIOR TO DISCHARGE

Prior to discharge, hospital staff will assess the patient's risk of suicide and also their long-term needs. The staff may ask you for input on the patient's history in order to make sure they have considered all the risk factors for suicide or other harmful behavior. Your input may be important. It may help staff to understand what issues led to the hospitalization. It is important to put the input in writing, so that it can be incorporated into the medical record. If you have not been identified as a lay caregiver you may still provide information, however, it should be in writing so the hospital may accept the information without violating privacy standards.



Some of the information you may consider providing to assist the hospital staff includes:

- ▶ History of behavior(s)
- ▶ History of medications
- ▶ History of treatment
- ▶ Your loved one's living environment