



# FAMILY FACT SHEET:

## WHAT I SHOULD EXPECT DURING MY CHILD'S MENTAL HEALTH HOSPITALIZATION

### Arriving at the Hospital

On arrival, staff will register your child as a patient and collect demographic information from you. It is helpful to have a list of your child's current providers (e.g. physician, mental health provider, etc.) with contact information and current medications/dosages ready to share. You will be asked about this often. Refer to the *Questions You May Want to Ask Hospital Staff* section for more considerations for your child's stay.

### Admitted to the Emergency Department (ED)

Once your child is screened by a triage nurse and admitted to the ED, you may experience a long wait. When your child is admitted, they will be assigned a bed, which may be in a hallway if there are no available rooms. Expect there to be individuals called 'sitters' in the hallway who supervise admitted children.

### The Safety Assessment

The main goal while your child is in the ED is to assess whether they are safe and whether they are an imminent danger to themselves or others. They will admit your child if they would "create a likelihood of serious harm by reason of mental illness." This means that your child:

- Poses a substantial risk of physical harm to themselves (e.g. threat of or attempt at suicide or serious injury, etc.); or
- Poses a substantial risk of physical harm to others (e.g. homicidal or violent behavior, others are in reasonable fear of violent behavior and serious physical harm, etc.); or
- Has judgment that is so affected, there is a high risk they cannot protect themselves from injury.

Clinical staff or physicians assess your child's safety by speaking with your child and with you. You will be asked to leave the room/area for a few minutes so they can speak with your child privately because children may be more willing to reveal a suicide plan to a clinician than to you. Try not to worry about this—remember that the goal is your child's safety. Through the safety assessment, clinical staff will decide to either admit your child to the hospital if they meet the criteria, or to discharge them with recommendations for additional follow-up.

### Treatment Programs (If Your Child is Admitted to the ED)

If the clinical team determines your child needs to be admitted to the ED, they will then work to find an inpatient or community-based acute treatment (CBAT) facility near your home by doing a daily 'bed search.' Often they will locate a facility nearby, but that is not always possible because beds are in short supply. Once accepted to a program, your child will be transported by ambulance or medical transport van to the facility in order to maintain their safety. Once there, you will sign your child in and complete the necessary paperwork for admission.

If your child has an outside mental health clinician, they appreciate updates from you during your child's hospitalization. You should also receive a call from your health insurance case manager, if you have private health insurance. These individuals can also often help you navigate the system, as they know what questions to ask. Let your child's school counselor know that your child is hospitalized so that they are ready to work with you to support school re-entry when they are discharged. Your child's school plays an important role in helping to keep them safe and supporting their discharge plan.

### Knowing Your Child's Rights

Documents that may be helpful as you navigate the mental health care system:

- [Your Rights Regarding Admission & Discharge From A Hospital Under MA Mental Health Law](#) (Note: this is confusing!)
- [Mass Health: Community Based Health Initiative](#) (only for families with Mass Health insurance)





## Levels of Mental Healthcare/Treatment

The care team will consider treatment options based on your child's needs, health insurance and bed availability:

- 1. Inpatient Program:** Admission to a psychiatric hospital typically lasts for around a week (can vary based on need). The goal of an inpatient program is to get a child past the crisis and help them reach a psychological, emotional, and physical state that allows them to participate in therapy and begin their recovery journey.
- 2. Community Based Acute Treatment program (CBAT) Program:** Admission to a 24-hour therapeutically planned group living program that provides individualized therapeutic treatment. The goal is stabilization and is for children who will respond to active treatment, who need a protected and structured environment, and who don't need an inpatient program.
- 3. Partial Hospitalization Program (PHP):** This is a structured intervention to stabilize children experiencing emotional difficulties but who can safely sleep at home/be in their community. Partial hospitalizations typically follow a schedule that mirrors a school day on weekdays, but they don't always operate every day. Treatment usually lasts two weeks, and clinicians teach children effective ways of coping with life stressors either in person or through a virtual program. It is important to note that sometimes, your child will need to be placed on a waiting list for a PHP, since these programs are in high demand.

If treatment options are not immediately available, your child may need to stay in the ED. While in this setting waiting for treatment (a bed), your child will not receive psychiatric treatment. This process of waiting for a higher level of care is called "boarding." However, your child should be meeting daily with behavioral health clinicians while awaiting treatment. Be prepared- you may have to advocate for this daily visit.

## Terms to Know

- **Boarder/Boarding:** While your child may be admitted to the ED under Section 12 (see below) and eligible for the inpatient or CBAT level of care, they are considered a 'boarder.' They will board in the ED until they are admitted to a facility.
- **Bed Search:** Daily, mental health clinicians look for open and available beds across the state for your child's treatment. Be prepared to accept any beds they offer, realizing that they may not be close to your home.
- **Emergency Behavioral Health (EBH):** services provided when someone is experiencing a mental health crisis
- **Family Partner:** An individual who has "lived experience" of caring for someone who has a mental illness, a Family Partner is a family peer support provided in wraparound and mobile crisis and funded through MassHealth. Family peer supports funded by other agencies are called 'Family Support Specialists' or 'Parent Coordinators'.
- **Section 12(a) ("sectioned"):** a physician, qualified psychiatric nurse, qualified psychologist, licensed independent clinical social worker, or police officer may require that a person be transported to a facility for an evaluation if they think the person is a danger to self/others. Note- "Sectioned" may also be referred to as 'pink slipped.'
- **Section 12(b) ("sectioned"):** Massachusetts law allows hospital staff to admit your child against their will and without your consent to a hospital for psychiatric evaluation and, potentially, treatment. The standard for admission is whether the individual would "create a likelihood of serious harm by reason of mental illness."
- **Sitter:** Staff assigned to the Emergency Department to watch children awaiting psychiatric evaluation, treatment, and/or beds. Often, these individuals have not received any mental or behavioral health training, nor are they able to provide you with information about your child's treatment.

## Questions to Ask Hospital/Treatment Staff

- What restrictions are in place in terms of visiting the hospital?
- Who will re-evaluate the level of care my child needs on a daily basis while they are in the ED?
- How often will my child see a behavioral health clinician while they are boarding in the ED waiting for treatment?
- How do I access a Family Partner- Via phone? Email? Videocall?
- How often can I visit my child and for how long?
- What are visitation policies for parents and family members?
- What staff is available to support my child during their stay (e.g. someone from Child Life, an interpreter, etc.)?
- May I bring things in for my child to help pass the time like cards, fidgets, coloring books, or travel games?
- Is my child allowed to have their phone/tablet/laptop with them?
- Once a bed is located for my child, what happens?
- When will my child eat meals? Will you bring me/my partner a meal if we are at the hospital with my/our child?
- Do I need to bring in medications from home (if they are taking any)?

## Mental Health Resources for Families

- [Caregiver Self-Care](#)
- [Taking Care of You: Self Care for the Caregiver](#)
- [Tips to Help Your Child Cope with Hospitalization](#)
- National Alliance on Mental Illness (NAMI):
  - [Navigating a Mental Health Crisis Guide](#)
  - [Creating a Crisis Plan](#)
  - [NAMI Compass](#)
- [AB Cares Mental Health Resource Document](#)
- [Emerson Hospital Behavioral & Mental Health Resources](#)
- [William James Interface Referral Service](#)
- [Wayside Youth & Family Support Network](#)

