

# UNDERSTANDING HOSPITALIZATION

for Mental Health



Depression and Bipolar  
Support Alliance

We've been there.  
We can help.

If you are experiencing severe symptoms of depression or bipolar disorder, a brief stay in the hospital may help you stabilize. This brochure is intended to help you through your hospitalization, as well as help family and friends be supportive. Some ideas may be useful to you; some may not. Everyone's experience with hospitalization is different.

## When Do I Need to Go to the Hospital?

### You might consider hospitalization if you:

- Have thoughts of hurting yourself or others
- Are seeing or hearing things (hallucinations)
- Have bizarre or paranoid ideas (delusions)
- Are so revved up or impulsive that you are doing dangerous or harmful things
- Feel too exhausted or slowed down to get out of bed or take care of yourself
- Can't stop using alcohol or other substances in harmful ways
- Have not eaten or slept for several days
- Have tried outpatient treatment (therapy, medication, and support) and it hasn't helped or has made things worse
- Need to make a major change in your treatment or medication under the close supervision of your doctor





## How Can Hospitalization Help?

- Hospitalization is intended to create a safe place to allow severe symptoms to pass and medication to be adjusted and stabilized. It is not punishment and it is nothing to be ashamed of. Only those you wish to tell need to know about your hospitalization.
- You can work with professionals to stabilize your severe symptoms, keep yourself safe and learn new ways to cope with your illness.
- You can learn skills to help you manage overwhelming feelings or disturbing thoughts.
- You can safely stop using alcohol or other substances.
- You may find a new treatment or combination of treatments that helps you.

## What Might I Expect?

- There is no general rule about how long you should stay in the hospital. You may stay a few days or as long as a few weeks, depending on your situation and the specific treatment you are receiving.
- You may be in a locked unit. At first, you may not be able to leave the unit. Later, you may be able to go to other parts of the hospital, or get a pass to leave the hospital for a short time. This is for your safety and the safety of others within the unit.
- You may have jewelry, personal care items, belts, shoelaces or other personal belongings locked away during your stay. You may not be allowed to have items with glass or sharp edges, such as picture frames, CD cases or spiral notebooks. Even if you do not have thoughts of hurting yourself or others, these rules are in place for the safety of others in the unit.
- You may be expected to follow a schedule with set times for meals, groups, treatments, medications, activities and bedtime. A regular schedule, especially a regular waking time each day, can help to stabilize your mood.
- You may have physical or mental health tests including blood tests to find out your medication levels or look for other physical problems that may be worsening your illness.
- You may share a room with someone else.
- Hospital staff may check on you or interview you periodically to assess how you're doing.
- Your regular doctor or therapist may not be able to see you right away. You will probably talk to several different doctors, nurses and staff members while you're in the psychiatric unit.

# Your Time in the Hospital

You might want to ask a loved one to help you with hospital check-in procedures and to fill out forms. You may want your loved to be your advocate if necessary and ask them to help you communicate with hospital staff.

You or a loved one may also want to call the hospital in advance to find out about check-in procedures and items you can bring. Ask if you can bring music, soap, lotion, pillows, stuffed animals, books or other things that comfort you. Find out about visiting hours and telephone access. Be sure your family and friends are aware of hospital procedures. Let them know what they can do to help you.

Voluntary Hospitalization takes place when a person willingly signs forms agreeing to be treated in the hospital. A person who signs in voluntarily may also ask to leave at their discretion. Rules about how quickly the hospital must release you vary from state to state. If you ask to be released and the hospital does not comply, your state's Protection and Advocacy Agency can help you with your next steps.

Involuntary Hospitalization is an option when symptoms have become so severe that the person is incapacitated or might be a danger to themselves or others. Rules about involuntary hospitalization vary from state to state. In most cases, you cannot be held longer than a few days without a court hearing. **Involuntary hospitalization is an option of last resort only.**

Be sure the people treating you know your needs and preferences. Make the most of your time with your doctor by making a list of questions you have as well as your current medications. You might wish to ask your loved one or hospital staff to help you with the list.

Let your doctor and staff know about any other illnesses you have or medications you take. Be sure you receive your medications for other illnesses along with the medications for depression or bipolar disorder.

Let the hospital staff know about your use of alcohol or other drugs. Hiding or minimizing your recent alcohol or drug use won't help, and it can even be dangerous.

It may take time to get used to the routine in the hospital. If your symptoms are severe, some things may not make sense to you. Try to get what you can out of the activities. Concentrate on your own mental health. Listen to what others have to say in groups. Keep a journal of your own thoughts and feelings.

You will meet other people who are working to overcome their own problems. Treat them with courtesy and respect, regardless of what they may say or do. If someone is making you feel uncomfortable or unsafe, tell a staff member.

## A Note for Loved Ones:

It is best to talk with your loved one before a crisis and create a preferred treatment directive together. Work with your loved one in advance to write down ways to cope and what to do if symptoms become severe. Having a plan can ease the stress on you and your loved one, and ensure that the appropriate care is given.



# Know Your Rights

- You have the right to have your treatment explained to you, the right to be informed of the benefits and risks of your treatment, and the right to refuse treatment that you feel is unsafe.
- You have the right to be informed about any tests or exams you are given and to refuse any procedures you feel are unnecessary, such as a gynecological exam or other invasive procedures.
- You have the right to refuse to be part of experimental treatments or training sessions that involve students or observers.

# Enlisting a Friend or Family Member to Help

**Your loved ones may want to know how to help. Here are some ideas that you may wish to share with your friends and family:**

**Ask if I would like visitors.** I may not want to see anyone at first. Please respect those wishes.

**Find out when I am allowed to receive phone calls and visits.** If I ask you to come to the hospital, stop by to say hello and bring a book, comfortable clothing, slippers, food or something else I like.

**Ask if the hospital offers a family support group** to support them if you feel you need help too.

**Learn about my illness,** its symptoms and its treatments. Remember that this is an illness, not a character flaw, and it is not anyone's fault.

**Help me make a list of questions** about the illness and treatment to ask the doctors or hospital staff.

**Ask me if I need you to help** with things like housework, care for children or pets, or phone calls to an employer during the hospital stay.

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# Wellness after Hospitalization

**Know your treatment.** Before you leave the hospital, make sure you have a written list of your treatment plan, including your medications (dosage and when to take them), talk therapy, personal wellness strategies, and avenues for peer support. Find out if there are any foods, medications (prescription, over-the-counter or herbal), or activities you need to avoid while taking your medication, and write these things down. Track your treatment plan and moods. DBSA offers a downloadable Personal Calendar at [www.DBSAlliance.org/Publications](http://www.DBSAlliance.org/Publications) or you can track online with the DBSA Wellness Tracker at [FacingUs.org/Tracker](http://FacingUs.org/Tracker).

**Make sure your providers communicate.** Check with the hospital to make sure they send records to your outpatient care providers (medical doctor, psychiatrist, and/or therapist). If your outpatient care providers are not part of the same system, you may need to sign release forms so they can talk to each other.

# Treatment & Mood Tracking

- 1** Check the days you go to talk therapy and support group.
- 2** List your mood disorder medications, how many pills prescribed, and how many you take each day.
- 3** List your medications for other illnesses, and any other supplements you take.

- 4** Fill in the box that best describes your mood for the day. If your mood changes during the day, fill in the boxes for the highest and lowest moods. Connect them by drawing a line or filling in the boxes between them. Look for patterns.
- 5** See how your daily moods relate to your treatment.

Went to Group or Session	1	2	3	4	5	6	7
Talk therapy							
Support group							

Medications	Dose Per Pill (MG)	Pills Per Day Prescribed	1	2	3	4	5	6	7

Mood Level	1	2	3	4	5	6	7
Extremely manic							
Very manic							
Somewhat manic							
Mildly manic or hypomanic							
<b>STABLE</b>							
Mildly depressed							
Somewhat depressed							
Very depressed							
Extremely depressed							
Mixed state ( <i>manic and depressive symptoms</i> ) — <i>if yes</i>							

**Learn all you can about your illness.** Talk to your doctor about new treatments you might want to try. Find out what to expect from treatments and how you know if your treatment is working. If you think you could be doing better, ask another doctor for a second opinion.

**Continue the routines that help you.** For most people, daily routines or schedules (regular times for sleep, meals, physical activity) are helpful. If your stay in the hospital helped you to find a regular schedule, it can help to stick with it after you return home.

**Take one step at a time.** You might not feel better immediately. Allow yourself to slowly get back to your routine. Give yourself credit for doing small things like getting out of bed, dressing, or having a meal. Gradually work towards larger goals.

**Prioritize the things you need to do.** Concentrate on one thing at a time. Write things down or ask friends and family to help you to keep from becoming overwhelmed.

**Set limits.** Take time to relax. If you feel stressed or exhausted, you can say no or cancel plans. Schedule time to care for yourself and relax, meditate, take a long bath, listen to music, or do something else that is just for you.

**Change can be good.** Some people are concerned that treatment will lead to less productivity or creativity. However, many have found that their decrease in symptoms has improved their ability to focus and helped them be more productive over the long term.

**Stick with your treatment.** Go to your health care appointments, therapy and support groups. Be patient as you wait for medication to take effect. You may have some side effects at first. If they continue for more than two weeks, talk to your doctor about changing your medication, your dosage, or the time you take your medication. Never change or stop your medication without first talking with your doctor. This can have significant impact on your current mood as well as the frequency and severity of potential mental health crises in the future.

**Recognize your symptoms and triggers.** Feeling very discouraged, hopeless or irritable can be symptoms of your illness. If you feel extremely angry, your mind starts to race, or you start to think about hurting yourself, stop, think, and call someone who can help. Keep a list of your triggers and warning signs, along with a list of people you can call for help.

**Give relationships time to heal.** Your family and friends may be unsure of how to act around you at first. There may also be hurt feelings or apologies that need to be made because of things you may have done while in mania or depression. Your family members may feel the need to apologize to you for their responses. Recognize that everyone has been affected in their own way and needs time to heal. Show that you want to get well by sticking with your treatment. Encourage your loved ones to get support from a DBSA support group if they need it.

**Help your loved ones help you.** Ask for what you need. Tell them specific things they can do to help you. If you need help such as housework, rides, or wake-up calls, just ask.

**Take it easy at work.** Explain to your supervisor and co-workers that you have been ill and you need to take things slowly. You don't have to talk about your depression or bipolar disorder. If someone asks questions, politely but firmly tell them you don't want to talk about it. Do your best at work. Try not to take on too much too quickly. On breaks, call a friend or family member to check in.

**Get support.** Seek people who have had similar experiences and are feeling better. Connect with a hospital aftercare group or DBSA support group.

**Know wellness is possible.** After hospitalization it can be very difficult to feel like you can get well. Most individuals, with proper treatment, do go on to live full and productive lives.

## How Can I Find People Who Understand?

DBSA support groups are made up of people with mood disorders, their families and their friends who meet to share experiences, discuss coping skills and offer hope to one another in a safe and confidential environment.

### **DBSA support group participants say the groups:**

- Provide a safe and welcoming place for mutual acceptance, understanding and self-discovery.
- Give them the opportunity to reach out to others and benefit from the experience of those who have been there.
- Give them new hope and belief that they can recover.
- Motivate them to follow their treatment plans. Help them understand that mood disorders do not define who they are.
- Help them rediscover their strength and humor.

People who had been attending DBSA support groups for more than a year were less likely to have been hospitalized for their illness during that year, according to a DBSA survey.

## How Can an Advance Directive or a Medical Power of Attorney Help Me?

An advance directive and a medical power of attorney are written documents in which you give another person authority to make treatment decisions for you if you are too ill to make your own. It is best to consult a qualified attorney to help you put together an advance directive or medical power of attorney. These documents work differently in different states. You may wish to visit [www.DBSAlliance.org/AdvanceDirective](http://www.DBSAlliance.org/AdvanceDirective) to see a sample advance directive.

## How Can I Be Prepared for a Crisis in the Future?

Make a crisis planning list. You may wish to include family or friends in the creation of this list. Briefly describe the kind of help you would like to receive if you have severe symptoms again, including:

- Your doctor's name and contact information
- Contact information of your support group and other trusted friends/family members
- Other health problems and medications you take
- Allergies and medications you cannot take
- Your insurance or Medicaid information and the hospital where you prefer to be treated
- Things that might trigger an episode, such as life events, travel, physical illness, or work stress
- Warning signs such as talking very fast, paranoia, lack of sleep, slowed down movement, excessive alcohol, or drug use
- Things people can say that will help calm or reassure you
- Things people should do for you such as take away your car keys and lock up anything you could use to hurt yourself
- Things emergency staff can do for you, such as explain things, talk slowly, give you space, or write things down for you
- Reasons your life is worthwhile and your recovery is important

A worksheet for creating a crisis plan is available at [www.DBSAlliance.org/ToolBox](http://www.DBSAlliance.org/ToolBox).

## For Friends and Family Members

Often times, friends and family members have questions about their loved one's treatment. Here is some information to keep in mind.

There may be privacy regulations at the hospital that will keep you from finding out about your loved one's treatment. These rules are there to protect your loved one, not to keep you out. Ask hospital staff what you can do to find out more. Your loved one may be able to ask that the restrictions be removed.

There will probably be several professionals treating your loved one. This may include a psychiatrist, therapist, social worker, psychiatric nurse and psychiatric technician. It may be difficult to reach hospital staff who can give you information about your loved one, especially at the beginning of treatment. You may need to try several times before you reach someone who can help you. Keep trying.

Write down the name of your loved one's psychiatrist, therapist, and other hospital staff that work with your loved one, as well as the best time to reach them with questions. Write down the questions you have and the answers you are given. Keep questions specific and to the point. Be patient, polite and assertive. Ask for clarification of things you do not understand.

Keep a record of your communications with hospital staff, including the times of calls, who you talk to and what you find out. If the staff is not responding, try calling the hospital ombudsman (patient advocate) or administrator. If possible, schedule a meeting for you, your loved one, other family members, and hospital staff to talk about treatment and other concerns.

Before your loved one is released, make sure there are written instructions for treatment, e.g., what medications should be taken and when, who to see for follow-up care and when, and what professionals are available in case of emergency. Write down any changes in diet or activity that are needed because of treatment and ask your loved one how you can help them.



# For More Information

**Depression and Bipolar Support Alliance**  
(800) 826-3632 • [www.DBSAlliance.org](http://www.DBSAlliance.org)

**DBSA Wellness Toolbox**  
[www.DBSAlliance.org/Toolbox](http://www.DBSAlliance.org/Toolbox)

**DBSA Wellness Tracker**  
[www.FacingUs.org/Tracker](http://www.FacingUs.org/Tracker)

**Bazelon Center for Mental Health Law**  
*Provides information but does not give individual legal advice.*  
(202) 467-5730 • [www.bazelon.org](http://www.bazelon.org)

**National Association of Protection and Advocacy**  
(202) 408-9514 • [www.napas.org](http://www.napas.org)

**Treatment Advocacy Center**  
*Explains each state's hospitalization laws*  
(703) 294-6001 • [www.treatmentadvocacycenter.org](http://www.treatmentadvocacycenter.org)

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*Being hospitalized was one of the scariest things I ever did, but looking back on it now, I believe it was really what I needed. I not only needed medication and a safe place, but I needed some intensive therapy, some ideas of ways to release some feelings, and I needed a chance to figure out what my next steps would be when I was released. I still use things they taught me there every day.*

— Nicole





We've been there.  
We can help.

Depression and Bipolar  
Support Alliance

**The Depression and Bipolar Support Alliance (DBSA)** is the leading peer-directed national organization focusing on the two most prevalent mental health conditions, depression and bipolar disorder, which affect more than 21 million Americans, account for 90% of the nation's suicides every year, and cost \$23 billion in lost workdays and other workplace losses.

DBSA's peer-based, wellness-oriented, and empowering services and resources are available when people need them, where they need them, and how they need to receive them—online 24/7, in local support groups, in audio and video casts, or in printed materials distributed by DBSA, our chapters, and mental health care facilities across America.

Through our extensive online and print resources and our nearly 650 support groups and more than 250 chapters, DBSA reaches millions of people each year with in-person and online peer support; current, readily understandable information about depression and bipolar disorder; and empowering tools focused on an integrated approach to wellness.

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**DBSAAlliance.org**

*Visit our website for important information, resources, chapter connections, to get involved with advocacy, and more.*

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We hope you found the information in this brochure helpful. If you would like to support DBSA's mission, please consider making a donation by calling (800) 826-3632 or by visiting **DBSAAlliance.org/Donate**.

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This brochure was reviewed by DBSA Scientific Advisory Board Member, Gregory Simon, MD, MPH Senior Investigator at Group Health Research Institute in Seattle, WA.

DBSA does not endorse or recommend the use of any specific treatment or medication for mood disorders. For advice about specific treatment or medication, patients should consult their physicians and/or mental health professionals.