Principals and Action Steps Intended to Improve Psychiatric Emergency services and Hospitalizations:
Consumer Action Group Proposal

Purpose and Background:
The Consumer Action Group is a diverse group of individuals from those receiving services from the Western Connecticut Mental Health Network state or nonprofit agencies to providers, active volunteers within their communities, to parents, or friends who are affected in some way by mental illness and/or substance abuse. Our mission statement is: "We are a community of dedicated individuals who gather monthly to identify needs, facilitate DMHAS system change, promote valued roles, and celebrate recovery."

During the past couples of years CAG members have worked on developing this proposal based on some of their past experiences, what the members see happening with their peers, and what they hope to see as system change and development of more consumer-informed practices and processes.

As a result of this proposal hospitals, psychiatric hospitals and inpatient psychiatric facilities could thus become better places for treatment, practicing recovery principles and delivery of trauma-sensitive treatment and or future training opportunities. To best describe what the CAG members are presenting we thought it would be best to include the following fictional narratives of what an ideal ED visit or hospital stay would be, they are as follows:

***A**. When I go into the Emergency Department (ED) or Psychiatric Inpatient Unit (IU) I'm scared or even terrified. Instead of this experience being traumatic, (and I have had a lot of trauma in my life already) I am met by a Recovery Support Specialist (RSS), a person in recovery and immediately soothed because I am seen as a person. I am met with compassion, reassurance, and encouragement about my recovery. I am reassured that I will get better, but It may just take time. I am not blamed for my issues. This visit is seen as an opportunity, not a waste of time or annoyance. There is no stigma. The staff are compassionate, supportive, and reassuring. There is a culture of compassion, not fear. There is not estrangement between people on the unit in the ED or on the inpatient unit. There is no favoritism amongst clients; even people who are challenging are treated with care and compassion. People in recovery (Recovery Support Specialists, trained through Recovery University or The Recovery Leadership Academy) are not only in the ED's but on the inpatient psychiatric units, there to be a support, a mentor and to advocate for my patient rights. The doctors and nurses have also been given similar training as the Recovery Support Specialists, and all staff are trained about trauma sensitivity and treatment (e.g. by the Women's Consortium.)*

***B.** If I have to stay in the ED for an extended stay the physical environment in the ED, as well as on the inpatient unit has safety measures that allow for basic needs such as a television or music that accommodate the trauma sensitivity of the patient and allows for a more comfortable stay. When I am stable and if waiting for a transfer to another unit / facility I can stay in a non-emergency psychiatric bed in the ED or in the hospital. While waiting I can be given education about my illness, what relationships, supports, self-care, and medication can do in my recovery. I can also generate a list of visitors I would like to see and not wish to see and be assured the hospital makes that a part of my treatment plan when it is applicable.*

Hospitalization is not just about medication and blood levels. It's not just "imminent danger to self or others", especially if there was suicidality. My discharge assures that I will be safe. The issues that brought me here in the first place are recognized and I feel able to go back into the community. At the point where discharge is being considered, you are careful that I leave to a situation that is stable and therefore is a warm handoff which means: (if applicable)

- The environmental issues that brought me here in the first place have been addressed.
- I will not be at risk when I get back home.
- Compassionate recovery supports are in place.

- All necessary aftercare appointments are made, and I have been given paperwork about them; I'm not expected to set this up when I get home.
- I would have an advocate, recovery support specialist, or family member with me when my discharge paperwork plan is being reviewed or given to me to help me understand it if need be. If I am being transitioned to a new service or facility, to have that same person (case worker, advocate, recovery support specialist) be involved in that process with me.

This is what I would call a positive psychiatric hospitalization process.

Attached is a CAG Needs Assessment Check Off List. Please note, this list is not a comprehensive list but comes from the personal experiences of CAG members and should promote other ideas and discussion for future action steps to be implemented.

CAG Needs Assessment Check Off List

Agency Name: _____
Address: _____
Name of Person Filling Out Form: _____
Email: _____ Phone #: _____

Please Check what applies

Note of Interest:	Already doing this	Will plan to do this / When	Need more Info	Not Applicable
Hospital: Physical environment and other considerations:				
The individual's trauma history is considered, that includes everyone or place the patient may have to associate with				
Environment is suited to people at risk and made as comfortable as possible				
Bedrooms should be painted peaceful colors				
Solitary confinement is as comfortable as possible				
Male/ female staff is matched to patient needs and preferences				
Privacy is creatively explored for each person's personal preferences. Staff are encouraged to support that				
If a Patient is placed in the hall either because of lack of available rooms or while waiting for transport for tests or to another room / floor privacy must be assured				
Windows are available in every room or patients are given access to look out as much as possible				
Flashlights are not flashed in people's eyes for bed checks				
General areas and halls in facilities should have artwork, especially with landscapes				
Education regarding the use of the following:				
Options to patients for natural, holistic, or additional treatment options				
Creative explanations of what voluntary vs involuntary is clearly explained at the time of admission				

Note of Interest:	Already doing this	Will Plan to do this / When	Need more Info	Not Applicable
Evaluation tools used to determine stability are shared with the patient				
Rights and realities regarding leaving (AMA) Against Medical Advice are explained.				
Minimal standard of care for physical/medical symptoms are appropriately assessed and not assumed to be psychiatric because of having a psychiatric diagnosis				
Advanced Directives are promoted and used if a person has one				
Treatment goals are based on what the person is willing to do and work on therapeutically, are included in treatment plans				
The person should have input into and a clear understanding about their discharge.				
Patients and family members know the name and number of the Patient Rights Officer to contact if treatment needs are not being met				
A Patients PCP, when applicable, is notified and included in on the treatment plan, especially when a patient has medical conditions, i.e. diabetes, arthritis, cancer…				
Accurate medication list should be obtained from family, pharmacy, provider when patient is unable to provide one				
Coping and person-centered principals provided to staff and / or patients in the hospital.				
Relaxation skills are taught or provided to staff and patients at all levels of treatment				
Pet therapy is explored and used				
Meds are avoided that cause weight gain, or something is done to counteract that.				
Develop/foster natural supports and family to be/ stay connected while in hospital.				
Women's and men's services protected and promoted and there's Trauma-Informed and Gender Responsive Care				
All Staff, especially doctors and nurses are trained in recovery and person-centered care principles				
Add/increase Recovery Support Specialists (RSSs) and human service advocates as staff in hospitals/ to help with transition to community and advocate for patient rights, respectively				
Doctors are trained in Nutrition				
All Staff are trained in Cultural Competency				
Staff and patients are provided encouragement to use spirituality in their self-care				

Note of Interest	Already doing this	Will Plan to do this / When	Need more Info	Not Applicable
Have more activities / resources				
Creative Arts are promoted in the ED, in psychiatric hospitals and on inpatient units of a hospital				
Relaxation materials such as music, spiritual materials, meditation materials, writing & drawing materials, crossword puzzles/word search puzzles are available				
ED is a sensitive environment to individual needs				
Exercise rooms/areas, time for walking, time for going outside are available in the ED, on Inpatient units and at psychiatric hospitals when permissible.				
Vending machines are available to patients				
Peer run respite center are available or being considered in each catchment area				
Alternative Groups – Music Therapy, Gardening Group, Chair Yoga, Nutrition Group, Art Therapy (other than coloring), Writing Group, Craft Group				

In conclusion the following are quotes from CAG Members and additional thoughts to contemplate about.

- Treat the medical before assuming it's psychiatric, even if the person has a psychiatric history.
- Please invest in having mental health trained individuals with lived experience (RSS) in the ED, on inpatient units and in psychiatric hospitals
- Services should rally around avoiding isolation. It's essential to healing.
- Social interaction is especially important: Without activities or social interaction, a person could spend too much time "in their own head" which can be a "bad neighborhood."
- Activity is helpful, boredom is unhealthy.
- People need time to adjust when returning to the community

Please send your Assessments back to Jennifer Hale, CAG Chair at jennh4@yahoo.com. This information will be discussed at future CAG meetings and if you request information it will be sent to you. Thank you very much for your input and time.