McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

HARVARD MEDICAL SCHOOL

Inpatient/Outpatient Transitions in Early Psychosis Care

Dost Öngür MD PhD

McLean Hospital, Harvard Medical School

Hospitalization

- Standard of care for people in early phases of a psychotic disorder is coordinated specialty care
- But hospitalization for acute exacerbations/safety issues are common
  - For some it's the first contact with mental health care
  - ~25% of people in 12 months, 50% in 24 months (e.g. Craig et al BMJ 2004)
  - Many individuals get hospitalized more than once
- Since hospitalizations are expensive, they account for roughly half the cost of care in early psychosis services (Rosenheck et al Schiz Bulletin 2016)

Problems

- Often necessary but challenging to the care process
- Potential problems associated with hospitalization in early psychosis care:
  - Disruption of life activities (work, school etc.)
  - Trauma of losing one's liberties, being in an institutional setting etc.
  - Stigma and shame experienced by individual and caregivers
  - Involuntary care processes (Section 12, seclusion/restraint)
  - Breakdown in care coordination (medication changes, differential psychoeducation)
  - Post-discharge period is high risk for suicide

Problems

- Hospitalizations are a frequent source of disagreement and concern
  - For the affected individual
  - Among family and stakeholders
  - Among clinicians
- At a time when the illness has flared up

Mechanics

- The goal with every hospitalization should be to develop a collaborative plan that puts the affected individual in the driver's seat
- Substantial number involuntary or at least not initiated by the young person
- Conditional Voluntary (CV) or Involuntary (Section 12)
  - Section 12 application can be made by several clinicians (MD, PhD, SW) or police officer
  - Needs to be accepted by a physician

Mechanics

- Section 12 – Evaluation lasts up to 3 business days
  - Team can override patient's wishes about contacting outside individuals in special cases
- Section 12 can be converted to CV
- Patients on CV can sign a "3-day notice" and also retract their 3-day notice

Mechanics

- At the end of evaluation period, the treatment team can file a petition for Section 7/8 (Civil commitment) and Section 8b ("Rogers guardianship" for antipsychotic treatment)
  - Triggers the scheduling of a court hearing
  - Patient has their own (often state-appointed) attorney
  - Expert witnesses may be involved
  - Whole process can take 2 weeks or more

Mechanics

- Difficult balance between
  - Individual autonomy – maintaining treatment alliance
  - Reducing danger – risk of doing nothing can be high
- Predicting “dangerousness” based on clinical picture is unreliable:
  - Some ED referrals are heavy-handed
  - Patients may be discharged from hospital without improvement because of legal process
  - Many scenarios leave everyone unsatisfied

Clinical Topics

- Philosophy of an inpatient team:
- Focused on addressing acute challenges that led to the hospitalization
  - Agitation, sleep, suicidal ideation
- Not long-standing challenges that require a community-based approach
  - Housing, family relationships etc.
- Meeting with family and other stakeholders fraught but important
  - Processing the episode, anger/shame, rebuilding relationships, basic logistical issues

Clinical Topics

- Frequent medication changes are common
- Clozapine, TMS/ECT easier to initiate as inpatient
- Big role for nursing/mental health worker staff
- Peer specialists increasingly involved

Other Issues

- COVID challenges – e.g. testing, ED visit, visitors
- Release of information to speak with treaters – if in different hospital systems
- Access to discharge summary
- Health care proxy

Discharge planning

- Clear discharge plans:
  - reduce the risk of readmission
  - increase the probability of adherence to medication
  - improve mental health outcomes (Steffen et al Acta Psych Scan 2009)
- Plan can include:
  - Prompts to young people to engage with the new service (letters or telephone follow-ups)
  - Assigning a care coordinator to the inpatient team (if agreed to by the inpatient unit)
  - Compiling a pharmacy discharge plan
  - Contacting the new care team before someone is discharged and offering peer support to the young person

https://www.orygen.org.au/Training/Resources/Psychosis/Clinical-practice-points/Managing-transitions-in-care-for-young-people/Managing-transitions-in-care-for-young-people-with?ext=

Addressing Problems

- Inpatient care is a system
  - No one person determines the course of events
  - Transitions on inpatient teams are common (coverage, turnover, reorganization)
- You may disagree with decision-making of inpatient team
  - You can make an impact by telling them what you think

Conclusions

- Communication is critical
  - Why decisions made
  - What was accomplished and what remains to be done
- If you are not receiving communication from inpatient team to help you do your job – speak out!