

TRANSITIONING STUDENTS FROM PSYCHIATRIC HOSPITALIZATION BACK TO SCHOOL

Adapted with minor changes from the UCLA Center for School Mental Health.¹



Each school year many children with mental health challenges experience an event that causes them to be hospitalized. Upon discharge, they face the difficulty of re-entering school. Unfortunately, few psychiatric residential treatment facilities (PRTFs) and schools have protocols or guidelines in place to help students transition back into the school setting.

Following is an overview of difficulties typically encountered in the transition process and steps that may be taken to address them.

About Psychiatric Hospitalization and Discharge

Severe mental disorders are associated with a variety of symptoms that disrupt life at home and at school. Not all mental disorders require hospitalization. However, when a child or youth manifests such symptoms as hallucinations, threatens to self-harm or harm others, and/or has not eaten or slept for days, psychiatric hospitalization is a common reaction. Hospitalization may be for a few days or a lengthy period of time. When it ends, most children and youth return to regular schools.

When the youth is first hospitalized, a discharge plan is initiated to focus on post-hospitalization care (e.g., specific recommendations about facilities or resources to be considered, changes in living arrangements, medications, psychotherapy). The emphasis is on ways to continue the child/adolescent's improvement and minimize the need for future hospitalization. Recommended practice calls for hospitals to include parents, the child/youth, and involved professionals in tailoring a personalized plan that includes community, home environment, and school resources.

Clearly, schools play a central role in a student's life, and one of the most important post-psychiatric hospitalization tasks is school re-entry. Transitioning into a school is difficult for many students, and is likely to be more difficult for children and adolescents returning from a hospital stay. When a student returns to a school where he was enrolled, he needs to feel welcome, and such feelings may be undermined when those at school make comments and ask unwanted questions about why the student was away. In general, the stresses of re-entry may work against ongoing recovery; positive supports, on the other hand, can enhance recovery.

Transition Programs and Challenges

Transition back to school requires considerable coordination, communication, and care. To accomplish this, post-hospitalization transitions must include a system of care that involves collaboration among the school, the family, and the hospital. Critical to such collaboration is identifying someone at the school (e.g., a student support staff member, a teacher) who can act as a contact person to check in with periodically and to seek assistance from when problems arise. This contact person also monitors how well the transition plan is being followed and acts to ensure the student is not under too much stress.

Effective communication is essential to ensuring that everyone is on the same page with respect to implementing the plan. Both the hospital and the school are responsible for being in regular communication. Unfortunately, this frequently is not the case. Too often, hospitals and schools do not share information necessary to ensure a successful transition. This adds to the problems schools already have with respect to facilitating transitions and helping students adjust. (It has been suggested that some of the main reasons why youth are sent back to a psychiatric hospital are communication errors between hospital and school.)

Transition protocols have been developed and are used in schools across the country. However, research suggests that they are not well used. For example, such protocols suggest having districts sign a memorandum of understanding (MOU) about following specific guidelines for re-entry after a psychiatric hospital discharge. One key guideline specifies that the school will appoint an administrative contact person to act as a liaison between the hospital, the parents, and the school to ensure an effective transition and educational placement. Also recommended is consideration of initial partial day attendance to ease the stress of the transition.

The School's Role in Facilitating Transitions and Adjustment

Researchers continue to clarify strategies for schools to use. For example, a pilot school transition program was reported recently by the University of Maryland School of Medicine as follows:

The purpose of the School Transition Program is to develop, implement and evaluate an effective model of supports to improve transitions for children and youth as they exit intensive psychiatric settings, specifically inpatient and day hospital settings, and return to the school environment. The immediate outcome includes improved stabilization during the transition process through the provision of enhanced supports to the children/youth and families, while longer-term outcomes include reduced risk of readmission and reduced costs associated with restrictive psychiatric placements.²

Strategies for Schools

- Identify a point person to support the student.
- Conduct meetings using a mental health strengths-based approach.
- Note that the goal of hospitalization is to stabilize the child or adolescent, not “fix” her.
- Develop a crisis plan.
- Set a clear plan for addressing long-term absence and missed work, and allow for adjustments in classwork/homework upon return.
- Implement daily check-ins with the child or adolescent.
- Provide regular feedback to caregivers on the student’s adjustment back to school.
- Provide family and peer-to-peer support, if available.

The Center for School Mental Health at UCLA emphasizes that strategies and even systems of care are and will continue to be marginalized at schools as long as they are offered as stand-alone processes. Instead, student and learning supports should be fully integrated into school improvement policy and practice.

As a fully integrated facet of school improvement, all supports for transitions can be pursued within classrooms and school-wide. While the immediate goals are to prevent and address transition problems, transitions provide opportunities to promote healthy de-

velopment, enhance safety, reduce alienation, increase positive attitudes and readiness skills for schooling, address systemic and personal barriers to learning and teaching, and (re)-engage disconnected students and families.

As with all student and learning supports, the outcome is strengthened when there is broad involvement of stakeholders in planning for transitions and being responsible for effective implementation (e.g., students, staff, home; representatives from the police, faith groups, recreation, businesses, higher education). Given the substantial overlap involved in providing supports for transitions, coalescing resources from school, family, friends, peers, and community can enhance the school's capacity to handle the variety of transition concerns confronting students and their families and, at the same time, enhance cost-effectiveness.

Transition supports for children re-entering school after psychiatric hospitalization warrant greater attention. Too few hospitals and schools have developed a collaborative system for coordination, communication, and care. Without a system that weaves together the resources of the hospital, home, school, and community, a student's risk of re-hospitalization is increased. System of care programs such as partial hospitalization can help enhance the likelihood of a successful transition and adjustment. However, as with so many efforts to address student and school problems, the focus on systems of care is marginalized in schools. For this to end, such efforts must be embedded into a unified and comprehensive system of student and learning supports.

Sample Guidelines for School Re-Entry Following Discharge From Psychiatric Hospitalization

The following guidelines are intended only as an example of discharge protocol for students returning to school after admission to a psychiatric residential treatment facility (PRTF). They are adapted from Technical Assistance Partnership for Child and Family Mental Health.³

Annually, in August, a memorandum of understanding (MOU) is signed by the district superintendent and child/adolescent PRTF director to affirm their willingness to (a) identify a district and PRTF administrative contact person for the coming school year who will serve as district-hospital liaisons to enhance communication; and (b) follow the *Guidelines for School Re-Entry Following Discharge From Psychiatric Hospitalization*.

Upon admission to PRTF:

- PRTF personnel communicate with the student's home school district as needed, given that parental permission is granted to the hospital educational setting.
 - ✓ In the event hospital staff cannot connect with student-/parent-identified school contact, they will contact the designated district administrative contact person to initiate above communication.
- Send consent for release of academic information and assignments, post-hospitalization transition planning and the school collaboration form to student/parent and identified school contact(s).

Following identification of contact person(s) and obtaining consent:

- Hospital teacher requests academic records (e.g., transcript, schedule, IEP, 504 plan, most recent report card).
- School team is invited to meetings specific to academic needs.
- Hospital teachers have ongoing contact with home school staff person to discuss/exchange relevant academic information and state assessments.
- Hospital social worker/designee ensures communication with family and designated school personnel.
- School district sends relevant academic work to assist the student in keeping up academically.
- At the time of admission, the school contact person initiates dialogue with the hospital contact person regarding anything that might prohibit the student from returning to school/program upon discharge and communicates academic placement location for the student to commence at the time of discharge.

Discharge Planning

- Given that parental permission is granted, planning/treatment team meetings are scheduled with hospital staff, family, and education staff as soon as appropriate in student's admission. Staff are encouraged to make use of phone conferencing if necessary. Educationally relevant topics to be discussed include:
 - ✓ Academic progress while at the hospital; safety assessment information (e.g., assessments, safety plans)

- ✓ Effective strategies for student as recommended by hospital staff (including behavioral management strategies)
- ✓ Educational and social-emotional needs of the student
- ✓ Plan for successful school re-entry

School Re-Entry Process

- If possible and appropriate, a transition meeting is held prior to discharge with key community mental health provider(s), other support individuals, school support staff, youth and family to develop a community reintegration plan.
- If possible and appropriate, the student attends/visits the educational placement before discharge from hospital program.
- School and hospital staff coordinate arrangements for partial-day attendance at school while student transitions from hospital placement.
- The school provides immediate (minimally before student returns to hospital from school each day) feedback to hospital staff regarding transition experience.

**School Re-Entry After Discharge From Psychiatric Hospitalization:
Sample Memorandum of Understanding**

Adapted from Technical Assistance Partnership for Child and Family Mental Health.⁴

This agreement is made for the _____ school year by and between the participating school district _____ (hereinafter referred to as “the district”), the community mental health center _____ (hereinafter referred to as “CMHC”), and the psychiatric residential treatment facility (hereinafter referred to as “PRTF”).

Whereas, the CMHC “Intake Center” was established to assist hospitals and schools in responding to the needs of students transitioning back to school from hospital programs, and

Whereas, all school districts are required to provide a free and appropriate public education to its resident students with students identified as having an exceptionality and needing special education and related services, and

Whereas, all PRTFs are required to provide psychiatric treatment in an inpatient or partial hospital setting only when such level of care is required, and

Whereas, the CMHC, the district, and the PRTF wish to establish a mutually beneficial mechanism by which district, CMHC, and PRTF personnel can support the transition of students in their return to school attendance,

NOW, in consideration of the understandings set forth, the parties agree to the following terms:

1. The “Psychiatric Discharge Communication Liaison Procedure” will be activated when personnel at the CMHC and PRTF are unable to identify an appropriate district contact through communication with the patient and/or the patient’s family.
2. In the event the student and/or family cannot identify an appropriate school district contact, hospital personnel will contact the district primary contact who will provide the name and contact information of the student’s administrator/counselor. The district primary contact will also have responsibility for ensuring the lines of communication between the student’s administrator/counselor and hospital personnel are clearly established to ensure smooth school-hospital collaboration.
3. It will be the responsibility of the school district to update the primary and backup contact information annually and, as needed, to keep the information current.
4. In addition, the *Guidelines for School Re-Entry After Discharge From Psychiatric Hospitalization* are agreed upon by all parties and shall be followed to support the transition to school attendance post-hospitalization.

Signatures of Each Party:

District Superintendent: _____ Date: _____

CMHC Intake Director: _____ Date: _____

PRTF Discharge Director: _____ Date: _____

References

- ¹ National Center for Mental Health in Schools at UCLA. (n.d.). *Transitioning from psychiatric hospitalization to schools*. Retrieved from <http://smhp.psych.ucla.edu/pdfdocs/hospital.pdf>
- ² National Center for Mental Health in Schools at UCLA. (n.d.).
- ³ Technical Assistance Partnership for Child and Family Mental Health. (n.d.). *Guidelines for school re-entry following discharge from psychiatric hospitalization*. Retrieved from <http://www.tapartnership.org/docs/presentations/socMeetingSummer2011/day1/Workshop 39- Successful Transitions/School Re-Entry After Discharge Guidelines.pdf>
- ⁴ Technical Assistance Partnership for Child and Family Mental Health. (n.d.). *School re-entry after discharge from psychiatric hospitalization. Memorandum of understanding*. Retrieved from <http://www.tapartnership.org/docs/presentations/socMeetingSummer2011/day1/Workshop 39- Successful Transitions/School Re-Entry After Discharge.pdf>

Resources

- ***Ending the Marginalization of Student and Learning Supports***
<http://smhp.psych.ucla.edu/pdfdocs/newsletter/winter2015.pdf>