

Transitioning from Psychiatric Hospitalization to Schools

Although overall ... children's hospitalizations did not increase between 2006 and 2011, hospitalizations for all listed mental health conditions increased by nearly 50% among children aged 10 to 14 years.... Inpatient visits for suicide, suicidal ideation, and self-injury increased by 104% for children ages 1 to 17 years, and by 151% for children ages 10 to 14 years during this period....

Torio, Encinosa, Berdahl, McCormick, & Simpson (2014)

During the school year, many children experience an event that causes them to be hospitalized for a lengthy period of time. Afterwards, they face the difficulty of re-entering school. A review of the literature on current practices related to students returning from psychiatric hospitalization indicates transitions are not well planned and implemented. This resource highlights the problem and strategies for improvement.

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 youngster manifests such symptoms as hallucinations, threatens to seriously hurt him/herself or others, and/or has not eaten or slept for days, psychiatric hospitalization is a common reaction. The placement may be for a few days or a lengthy period of time. When it ends, most youngsters will return to regular schools.

When first hospitalized, a discharge plan is initiated to focus on concerns about 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 youngster's improvement and minimize the need for future hospitalization. Good practice calls for hospitals to include parents, the youngster, and other involved professionals while tailoring a personalized plan. It also calls for taking into account the community, home environment, and school.

Clearly, school play's a central role in a student's life. And one of the biggest post psychiatric hospitalization tasks is school re-entry. Transitioning into a school is a hard transition for many students and often more so for a youngster returning from a hospital stay. Both the school staff and peers can be helpful or a problem. For example, when a student returns to a school where s/he was enrolled, they need to feel welcome, and such feelings may be undermined when those at school make comments and ask unwanted questions about why the student has been away. In general, the stresses of re-entry may work against ongoing recovery; positive supports can enhance recovery.

Current Transition Programs And Problems

Transition back to school requires considerable coordination, communication, and care. To accomplish all this, post-hospitalization transitions require a system of care that involves collaboration among the school, the family, and the hospital. Critical to such collaboration is that someone at the school (e.g., a student support staff member, a teacher) be identified as a special

*The material in this document was culled from the literature by Simran Singh as part of her work with the national Center for Mental Health in Schools at UCLA.

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contact for the student. The youngster needs to feel that the individual is approachable enough to check in with periodically and seek assistance when problems arise. And the contact person needs to monitor how well the transition plan is being followed and act to ensure the student is not under too much stress.

Effective communication among all those involved, of course, is essential to ensuring that everyone is on the same page with respect to implementing the plan. It is both the hospital's and school's duty to be in regular communication. This frequently is not the case. Too often, hospitals and schools do not share critical information necessary to ensure a successful transition. When this happens, the professionals involved have insufficient information for playing their role. In particular, this adds to the problems schools already have with respect to facilitating transitions and helping students adjust. (It has been suggested that one of the main reasons youngsters are sent back to a psychiatric hospital is because of communication errors between hospital and school.)

Transition protocols have been developed and are used in schools across the country (e.g., see <http://www.tapartnership.org/docs/presentations/socMeetingSummer2011/day1/Workshop%2039-%20Successful%20Transitions/School%20Re-Entry%20After%20Discharge%20Guidelines.pdf>). 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.

An Example of a Hospital Program that Emphasizes Transition

UCLA's ABC Partial Hospitalization program encompasses a focus on facilitating successful transition from hospital to school (http://www.uclahealth.org/site_neuro.cfm?id=614). The program enables a youngster's gradual re-entry and adjustment to school while providing hospital supports.

UCLA's program uses a team of social workers, occupational therapists, recreational therapists, and child psychiatrists working together to implement the plan for the return to school. During the day the youngster arrives around 7:45am and leaves at 2:30, which mimics a regular school day.

The morning consists of catching up with subjects such as Math and Language Arts. Then, a Cognitive Based Therapy (CBT) group focuses on teaching the youngsters to express their feelings in a healthy and controlled manner, and to interact positively with the peers and adults around them. This is followed by Occupational and Recreational Therapy. The former includes art projects such as painting, making candles, stained glass, friendship bracelets, etc., with a focus on enhancing attention and patience. Recreational Therapy emphasizes the idea of sportsmanship, working with others, and being active.

Throughout the school day youngsters are taught how to act around others and be mindful of those around them. A reinforcement system is used to encourage proper behaviors, team work, and other behaviors required in a normal school setting. For example, tokens are given for good behaviors, such as kindness and helping others. The tokens are put in a communal bucket at the end of the day, and when the kids collectively earn enough tokens, they are rewarded with a party. To encourage individual behavior improvements, points are given for good listening, following directions, and working well with others. These points can be cashed in for prizes.

(cont.)

Throughout the day youngsters meet with their assigned psychiatrist. Part of the focus involves working together to create a plan for what needs to be accomplished so the youngster can graduate from the program and return to school.

Social workers conduct family and individual therapy sessions with parents to ensure everyone works together to help the child, and they meet with the parents and the youngster to plan a strong support system at home. After the child graduates, the program continues to check in with the parents and the school on the child's progress. If necessary, youngsters are placed in an Intensive Outpatient Program (IOP), which is an after school program that provides additional family and individual therapy. (The youngster goes to regular school during the day and returns for an afterschool sessions.)

Personal Note: As a student at UCLA, Simran Singh had the opportunity to volunteer with this program. Here is what she noted: "Most of the children who went through the program were successfully able to re enter the same schools that they left, without any problems. The children who were not able to return to school on their first try, simply went back to the partial hospitalization program, worked on a new plan, and then properly transitioned back to school the second time around. Overall a partial hospitalization program is a model that fits the needs of a child who is transitioning from psychiatric hospitalization back into school."

The School's Role in Facilitating Transitions and Adjustment

Researchers are continuing to clarify strategies for schools to use. 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."

http://medschool.umaryland.edu/innovations/RTC_study3.asp

The researchers suggest the following strategies for the school:

- Identify point-person to support student
- Conduct meetings with a strengths and mental health lens
- Emphasize that hospitalization goal is to stabilize, not fix
- Develop crisis plan
- Set clear plan for addressing long-term absence and missed work, and allow for adjustments in classwork/homework upon return
- Implement daily check-ins with youth
- Provide regular feedback to caregiver on child's adjustment back to school
- Provide family peer-to-peer support, if available

http://csmh.umaryland.edu/annualconference/19th/7_6_Slides.pdf

Beyond specific strategies, our Center emphasizes that such 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.

Rather, promising practices need to be embedded into a unified and comprehensive system of student and learning supports that is fully integrated into school improvement policy and practice. See *Ending the Marginalization of Student and Learning Supports* (<http://smhp.psych.ucla.edu/pdfdocs/newsletter/winter2015.pdf>).

As a fully integrated facet of school improvement, all supports for transitions can be pursued within classrooms and school-wide. And while the immediate goals are to prevent and address transition problems, all transitions provide opportunities to promote healthy development, 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 work 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, etc.). Given the substantial overlap involved in providing supports for transitions, coalescing resources from school, family, friends, peers, and community can enhance school capacity to handle the variety of transition concerns confronting students and their families and enhance cost-effectiveness.

Concluding Comments

Transition supports for children re-entering school after psychiatric hospitalization warrants 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 the hospital, home, school, and community, a student's risk of re-hospitalization is increased.

System of care programs such as a partial hospitalization program 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, the efforts must be embedded into a unified and comprehensive system of student and learning supports.

For more, see the references in the Center's Online Clearinghouse Quick Find on the topic of *Transitions* at http://smhp.psych.ucla.edu/qf/p2101_01.htm.

For more on embedding mental health into a unified and comprehensive system of student and learning supports, see Adelman, H.S. & Taylor, L. (2014). Embedding school health into school improvement policy, *International Journal of School Health*, 1 – <http://smhp.psych.ucla.edu/pdfdocs/intjournal.pdf>.

Also, see Adelman, H.S. & Taylor, L. (2015). *Transforming student and learning supports: developing a unified, comprehensive, and equitable system* . Los Angeles: Center for Mental Health in Schools at UCLA. <http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf>

References Used in Developing this Resource

- Caplan, R., Petch A., & Simons, L., (2002). *'Don't They Call It Seamless Care?': A Study of Acute Psychiatric Discharge*. Scottish Executive Research. <http://www.scotland.gov.uk/Publications/2002/12/15958/15253>
- Clemens, E. V., Welfare L. E. & Williams, A. M., (2011). Elements of successful school reentry after psychiatric hospitalization. *Preventing School Failure: Alternative Education for Children and Youth*, 55, 202-213.
- Dayne, L., Detwiler, J., Doherty, C., Gumbe, I., & Styer, J. (2011). *School- aged children and behavioral health: Re-entry planning for students for students returning to school following hospitalization for a behavioral health crisis*. Metrowest Community Healthcare Foundation Health Leadership Program.
- Estes, R., Fette, C., & Scaffa, M., (2008). Effecting succesful community re-entry: Systems of care community based mental health services. *Residential Treatment for Children & Youth*. 23, 133-150.
- Freidman, R., & Stroul, B., (1986). *A system of care for severely emotionally disturbed children & youth*. NCRJS. <https://www.ncjrs.gov/pdffiles1/Digitization/125081NCJRS.pdf>
- Johnson Co. MH Center, KVC Behavioral HeathCare, & Gardner School District (2010). *Strategies to ensure successful transition back to School after hospitalization*. <http://www.ucsjoco.org/wp-content/uploads/2012/02/Strategies-for-successful-transition.pdf>
- Kaffenberger, Carol J. (2006). School reentry for students with a chronic illness: A role for professional school counselors. *Professional School Counseling*, 9, 223-230.
- Mccabe, P. & Shaw, S. (2008). Hospital-to-school transition for children with chronic illness: Meeting the new challenges of an evolving health care system. *Psychology in the Schools*, 45, 74-87.
- Rager, R.Y. (2013). *Hospital to school transitions for children: A multiple case study of family experiences*. UNLV Thesis/Dissertations/Professional Papers/Castones. Paper 2020. <http://digitalscholarship.unlv.edu/thesesdissertations/2020/>
- Simon, J.B., & Savina, E.A. (2010). Transitioning children from psychiatric hospitals to schools: The role of the special educator. *Residential Treatment for Children & Youth*, 27, 41-54.
- Tisdale, J.M. (2014). *Psychiatric hospitalization to school transitions: Examining professional perceptions of effectiveness and fidelity*. Open Access Dissertations, Paper 279. http://digitalcommons.uri.edu/cgi/viewcontent.cgi?article=1297&context=oa_diss&sei-redir=1&referer=http%3A%2F%2Fwww.bing.com%2Fsearch%3Fq%3DSchool%2520transitions%2520ost%2520hospitalization%26FORM%3DAARBLB%26PC%3DMAAR%26QS%3Dn#search=%22School%20transitions%20post%20hospitalization%22
- Torio, C.M., Encinosa, W. Berdahl, T., McCormick, M.C. & Simpson, L.A. (2014). Annual report on health care for children and youth in the United States: National estimates of cost, utilization and expenditures for children with mental health conditions. *Academic Pediatrics*. <http://www.sciencedirect.com/science/journal/aip/18762859>
- Trout, A., Chmelka, M., Thompson, R., Epstein, M., Tyler, P., & Pick, R. (2009). The departure status of youth from residential group care: Implications for aftercare. *Journal of Child and Family Studies*, 19, 67-78

About Transforming Student and Learning Supports

Concerns such as those highlighted in this Information Resource are part of a wide range of barriers to learning and teaching. To effectively address the breadth of concerns schools face each day requires transforming current approaches to providing student and learning supports. The *2015 National Initiative for Transforming Student and Learning Supports* is dedicated to this.

It's Time for Direct Action!

2015 is the time for everyone concerned about student learning, behavior, and emotional problems to pursue the following courses of action to enhance school improvement policy and practice:

- Work for collaboration among groups recommending changes in education policy so that there is a unified message about
 - >ending the marginalization of student and learning supports
 - >developing a unified, comprehensive, and equitable system of student and learning supports.
- Participate at decision making and planning tables focused on school improvement so you can clarify the need to expand from a two to a three-component policy framework.
- Send the message to those shaping school improvement policy (e.g., principals, superintendents, mayors, governors, organizational, business and philanthropic leaders).
- Communicate with Congress about the need to end the marginalization of student and learning supports and expand from a two to a three-component policy framework for school improvement as a major facet in reauthorizing the ESEA.
- Focus the attention of governors, mayors, superintendents, principals, and other leaders on the need to help schools unify and develop a comprehensive system of student and learning supports.
- Let us know who to send information to.

At a minimum, let us know your thoughts about direct action to elevate student and learning supports in policy as a nonmarginalized and unified system. That will help us in mobilizing others.

Send your ideas and any information about what you see happening to Ltaylor@ucla.edu or to adelman@psych.ucla.edu

Here's a few resources to share with colleagues:

- >*Transforming Student and Learning Supports: Trailblazing Initiatives!*
<http://smhp.psych.ucla.edu/pdfdocs/newsletter/summer14.pdf>
- >*Introducing the Idea of Developing a Comprehensive System of Learning Supports to a New Superintendent or to One Who May Be Ready to Move Forward*
<http://smhp.psych.ucla.edu/pdfdocs/introtosups.pdf>
- >*Developing a Unified, Comprehensive, & Equitable System of Learning Supports: First Steps for Superintendents Who Want to Get Started*
<http://smhp.psych.ucla.edu/pdfdocs/superstart.pdf>
- >*Establishing a Comprehensive System of Learning Supports at a School: Seven Steps for Principals and Their Staff*
<http://smhp.psych.ucla.edu/pdfdocs/7steps.pdf>

And for a more in-depth discussion, go to the section on our website for the 2015 initiative and download and share the new book: *Transforming Student and Learning Supports: Developing a Unified, Comprehensive, and Equitable System*.