Hospital, Residential & Community Care

*See **www.OnwardMentalHealth.com** (Resources) for an array of integrative mental health material including the latest version of this monograph, extracted from our book, **Choices in Recovery**.*

WHAT IS THE ESSENCE?

Hospital, residential, and community care are options when mental health issues become too severe to be managed by an individual and loved ones. These therapies rely heavily on psychotropics, and patients and supporters may confront a difficult choice of whether or not to submit to forced treatment. If you or someone you love is facing a psychiatric crisis, start by calling 911, especially if the individual is either a danger to themselves or others. Safety and stabilization are the first goals. Once stabilization occurs, other therapies can be introduced.

Hospitalization. Hospitalization is generally recommended when a person with mental health issues becomes a danger to themselves or others, or is otherwise in crisis. Hospitalization targets stabilization, usually with psychotropic drugs; often the patient will be discharged within two weeks. Stabilization does not mean that the individual is well, just out of crisis. A chronic shortage of hospital psychiatric beds creates pressure to release patients quickly or send patients to hospitals outside their area. Open-ward policies are noted for fewer coercive measures and medications, and less seclusion, as compared to closed wards.[1]

Peer Respites. Peer respites (also known as crisis residential programs or crisis respites) are supportive peer-run home-like settings for psychiatric crisis. They can be an alternative to hospitalization. See *Peer Respites*.

Residential Recovery. Residential centers are supportive living environments for those with mental health issues. Some are holistic healing communities, in which the residents learn new coping skills, independent living skills, and ways for personal fulfillment.

Assertive Community Treatment (ACT). ACT is a treatment model for people with serious mental health issues; teams consist of peer support specialists, psychiatrists, substance abuse counselors, and others. Because ACT can require (sometimes) involuntary drug therapy, the model has provoked controversial and polarizing ethical dilemmas[2] relating to how a patient's right of self-determination[3] weighs against his/her best interests as others determine best interests.

Advance statement/directive. Consider writing a psychiatric advance statement or directive, a document that outlines your preferences for intervention should you become unable to communicate as result of a crisis or incapacity.

WHAT EVIDENCE SHOWS THIS IS EFFECTIVE?

Few studies are available yet to validate the effectiveness of residential therapy for adults, but trials comparing Assertive Community Treatment to other community-based care alternatives consistently show that ACT substantially reduces the use of a hospital's inpatient services and promotes continuity of outpatient care.[4] However, studies rarely evaluate whether recovery is enhanced with ACT. A Rand Corporation study reviewing ACT implementation in eight states found no evidence that a court order is necessary for drug compliance and good outcomes.[5]

WHAT CONSIDERATIONS SHOULD I KEEP IN MIND?

It is critically important for patients to give care providers a comprehensive documented medical history, especially with a record of drugs used and reactions to them. Loved ones should work with care

providers as assertive advocates. Due to the typically short stay in hospitals, physicians can't experiment with drugs to find which will work most effectively; *patients must continue their care after discharge.*

Patients typically enter residential treatment in crisis or near-crisis situations when their needs are too severe to be managed with outpatient treatment, but not severe enough to require inpatient treatment.[6] Residential facilities often offer psychotherapy, drug and alcohol counseling, and social skills training. Before selecting a residential treatment center, ask about the history of its patients' outcomes, visit with existing patients, and do an extensive on-site evaluation. *Residential Recovery Therapy* is often very expensive.

WHAT ARE ADDITIONAL RESOURCES?

- Overview of crisis alternatives. https://goo.gl/pMuXXF.
- Peer respites. http://bit.ly/33JZefp, http://bit.ly/2DKctSR.
- Residential facilities. www.artausa.org.
- Advance Directives. www.nrc-pad.org, http://goo.gl/dw2oYQ.

[1] Jungfer, H, et al; Reduction of Seclusion on a Hospital-Wide Level: Successful Implementation of a Less Restrictive Policy. J of Psych Res, Online April 1, 2014, PMID: 24726637.

[2] Stovall J, Is assertive community treatment ethical care?, Harv Rev Psychiatry, 2001, PMID: 11287409.

[3] Watts J, Phenomenological account of users' experiences of ACT, Bioethics 2002, http://goo.gl/kSLo8l.

[4] Scott JE, Assertive community treatment and case management for schizophrenia. Schizophr Bull 1995, PMID: 8749892.

[5] Rand Corp Health Division, Does Involuntary Outpatient Treatment Work?, 2000, http://goo.gl/AVoipW.

[6] Brodsky M, Residential Treatment — When to Consider It, What to Look For, Social Work Today, 2012, http://goo.gl/of5czf.