

Care Transitions

People who have a history of suicide risk remain at high risk of suicide for three months or more after their stay at an inpatient hospital. Psychiatric hospital staff can further support their recovery by making sure the appropriate clinical care, treatment plans, ongoing support system, and hand-off communication are solidly in place during the transition from the inpatient facility.

Below are the topic areas covered in this module.

Topic 1: Start Planning for Discharge and Transitions Early On

Topic 2: Engage Support People and Other Connections

Topic 3: Aftercare: Ensure Ongoing Support

Topic 1: Start Planning for Discharge and Transitions Early On

Most patients who leave an inpatient hospital will have a referral to an outpatient clinician as well as medication to continue the patient's recovery. However, this is often not nearly enough support to avert another attempt. Although the initial crisis is over and the patient may seem better, the road to recovery is often long and rocky.

Establishing a variety of internal and external supports to help patients recover is an essential part of planning the transition after an inpatient stay.

Review these common questions about this topic to learn more.

- **What does a transition or discharge plan include?**
- **Why is it best to start planning early?**
- **What about the time pressure on staff?**

What does a transition or discharge plan include?

Best practice for discharge from inpatient psychiatric care involves developing a safety plan collaboratively with the patient and any family/supports.

While the specifics of a collaborative safety plan may vary, they all include these main components.

- **Things patients can do to help themselves feel better**
Ask the patient and their family members/supports about their own internal coping strategies—things they do to take their mind off their problems and emotions. One way to approach this conversation is to

start with their psychosocial history. Ask them to describe what their life is like and what led to their hospitalization. Find out what they have tried to do to get themselves through tough times in the past—identify healthy actions that may have been helpful (e.g., reading, going for a walk, listening to music).

- **People patients can turn to for support**

Help patients and their family members/supports identify people they feel comfortable turning to for general support after discharge, and for crisis support if they start to feel suicidal. Identify a variety of people, not only family and friends, but also people in other areas of their life, such as their workplace, sports, spiritual/religious life, and groups such as Alcoholics Anonymous or book clubs. Identify the person, how that person can be helpful, and their contact information.

- **Who to contact when in crisis**

Provide the patient and family with crisis contacts. This list should include professionals (such as a therapist or other clinician's crisis telephone number) and agencies (such as urgent care, the National Suicide Prevention Lifeline, local mental health crisis line, hospital psychiatric hotline).

- **Ways to make the environment safer**

Talk with patients and their family members/supports about how to make their home environment safe for them if they were to experience a suicidal crisis in the future. Determine ways to secure or reduce their access to lethal methods, such as firearms and medications, including any specific methods that the patient has used in past attempts or identified as part of their suicidal ideation. Family members or friends need to be enlisted to ensure that lethal methods are safely secured at home prior to discharge. Do this collaboratively with the patient's support and approval.

Why is it best to start planning early?

Setting up the necessary supports to help patients recover from a suicidal crisis and re-enter their home life takes time. Here are some reasons why it's best to start planning for transition or discharge at the time of admission rather than waiting until the day of discharge or the day before they leave.

- **Avoid a gap in care**

When patients are discharged to their home from an inpatient hospital, there can be a gap in their clinical care. The hospital no longer provides care, and the patient is not yet under the care of the outpatient provider. Avoid this gap in care by finding a mental health clinician, introducing the patient to the clinician, and setting a date and time for the appointment as soon as possible after discharge. The current recommended best practice is within 24 hours of discharge.

What can you do to avoid a gap in care when discharging patients?

- Find a mental health clinician for the patient
Work with the patient to find a suitable clinician for them well before they are discharged from your facility. Introduce the patient to the clinician by phone or video while the patient is still at the

hospital. This initial contact facilitates patient engagement and reduces the likelihood of a gap in care.

- Set up a mental health appointment

Before the patient leaves the hospital, ensure that the patient has agreed on a scheduled outpatient appointment with a mental health provider. Assess with the patient any potential barriers to keeping that appointment and help with any needed problem-solving.

- **Tendency to overlook potential challenges**

Patients are often anxious to leave the psychiatric hospital once they feel better and may tend to minimize potential challenges and barriers to their recovery at home. They may not realize that healing from a suicide attempt will take time and requires ongoing support, just like healing from a physical illness. Discuss challenges, barriers, and potential solutions early on and frequently to reduce the likelihood that patients will dismiss or minimize them.

How can you help address potential patient challenges?

- Discuss potential challenges before the patient leaves

Help patients identify challenges and barriers early on and frequently to reduce the likelihood they will dismiss or minimize them. Support patients in developing specific contingency plans should they encounter these challenges and barriers.

- Make plans for transition in care with the patient

Work with the patient to identify potential barriers and develop solutions. You might also want to involve family members and other support people since they may be able to see potential barriers and solutions better than a patient who is still in crisis.

- **Identify a variety of connections**

One or two support people are often not enough to help an individual heal from a suicide attempt or avoid a future attempt. A variety of connections are best—family members, friends, colleagues, neighbors, casual acquaintances—in addition to a mental health provider. It can take time for patients to identify a variety of connections who might be a support, particularly if there aren't any strong connections currently in the patient's life.

How can you help patients identify a variety of connections?

- Discuss different types of connections

Talk with the patient about various areas of their life and how connections are different: some are close, others are more casual friendships, still others are acquaintances. Each provides a different type of connection. Some are based on common interests (e.g., sports), some are work-related, and others are for sharing personal struggles. All are sources of connection and help in a person's recovery in different ways.

- Explore connections in each area of life

Discuss each area of a patient's life, such as their work, home situation, social life, and any activities they do outside of these areas. Identify some people in each of these areas that the patient talks to and who could be considered a connection.

What about the time pressure on staff?

Time pressure on staff is significant. Some hospitals may have 40 discharges in a day. This is precisely why it's important not to leave the discharge planning to the last day or two—there are simply too many people to care for and too much that needs to be done.

It takes a team to plan for patient discharge and transition. Who on your staff can do what?

The following is an example from one inpatient hospital.

Each staff member listed below can support patients transitioning from the inpatient hospital.

- Primary Clinician
 - Determine readiness for discharge and level of care needed.
 - Collaboratively develop a safety plan with the patient and any family members.
 - Provide a list of mental health providers (who could provide an appropriate level of care) to the patient and family, and collaboratively identify a potential provider.
 - Facilitate an introductory phone call with the new mental health provider and the patient and family.
 - Schedule an initial appointment for the patient with the mental health provider within 24 hours of the planned discharge date.

- Discharge Planner
 - List medications and ensure an appropriate supply is provided to the individual at discharge, along with information on how to obtain refills.
 - Share medical information with the individual's primary care provider.
 - Help the primary clinician coordinate continuity of care with the outpatient mental health provider for the patient and family.
 - Arrange for initiation of caring contacts following discharge.
 - Send out records on the day of discharge to both the mental health provider and the patient's primary care physician (e.g., medication list, safety plan, treatment plan, discharge plan).
 - Follow up with the discharged person and family the day after discharge to see how they are doing, review discharge instructions, explore potential barriers to plans such as difficulties obtaining medication refills, keeping appointments, transportation issues, etc. Re-assess suicide risk.

- Social Worker
 - Collaborate with the patient and family to identify potential barriers and resources for support in the community (apart from health care and mental health care).

- Collaboratively with the patient, contact the identified community supports to ask if they would be willing to be part of the person's ongoing support system.
- Use a crisis support plan so those providing support know what to say, what to do, and when to call for professional help.
- Contact the outpatient mental health provider (and/or primary care provider) within seven days of discharge (or the day after the scheduled appointment). If the person did not keep the scheduled appointment, determine with the outpatient provider who will take the lead in follow-up outreach efforts.

Topic 2: Engage Support People and Other Connections

When people at risk of suicide or who have attempted suicide are transitioned or discharged from an inpatient hospital, they are still at increased risk. They need a safety net of support to help them heal and avoid a suicide attempt.

In addition to identifying ways they can help themselves feel better, their safety plan also includes other people they can turn to for help. These support people need to be identified prior to discharge. They also should be contacted to confirm their willingness to provide support and receive some basic education about what is helpful to the patient.

Review these common questions about this topic to learn more.

- **What if the patient cannot identify support people?**
- **Why contact potential sources of support prior to discharge or transition?**
- **Do HIPAA regulations prevent me from talking to others?**

What if the patient cannot identify support people?

People who have considered ending their life frequently believe there is no one who cares, or that they are a burden to those who do care. So be patient. Sometimes patients cannot identify any support people initially; sometimes they can identify just one or two people (which is a start, but it's not enough).

If very few or no support people are identified, explore each area of a patient's life for potential connections.

Examples of how to explore potential connections are below.

- Identify casual support people in the patient's life.

Staff: Let's talk about what you can do to keep getting better after you leave the hospital. One of the things that will help is to identify people and activities that provide a healthy distraction from your stressors or problems. These are people you know and spend some time with, such as casual friends or acquaintances. It might also be activities that you like—where you don't talk about your stressors or problems but focus on doing something specific that helps to give your mind a break. You mentioned that you used to play basketball. You mentioned that you used to play basketball. Where did you play?

Patient: I would play at the local community center with whoever showed up...

Staff: Was there anyone in particular you were friends with?

Patient: Hmm...a guy named Pete Orb. Not really like a close friend, but we'd play one on one sometimes.

Staff: How often would you play?

Patient: A couple of times a week.

Staff: Okay, good. Do you have his phone number?

Patient: Yeah, it's probably in my phone.

Staff: Great. Let's put Pete on the list. Who else might help?

- Identify connections in the community.

Staff: Tell me about where you go and what you do in your community. For example, do you go to the local community center or library?

Patient: Well, I used to go to church.

Staff: Tell me about that. Where did you go?

Patient: I went to the church down the street. But I stopped going when my depression kicked in. It was just too hard to get up in the morning and get dressed up for church.

Staff: Okay. Is going to church something that will feel supportive to you?

Patient: Yeah. I miss it, especially the music and some of the people in my young adults group.

Staff: What would it take for you to go again?

Patient: I don't know. I've been gone so long now, and people will ask questions.

Staff: How about easing your way back in? What if we start by talking to the leader of the young adults group?

Patient: Maybe. I'm kind of scared to talk to him...not scared really, but I just don't know what to say...and kind of wonder what he will think.

Staff: Okay, so you are feeling anxious about what questions people might have, and what to say to your group leader. I can help. What if we make the call to your group leader together so we can all make a plan for working this out before you leave the hospital?

Why contact potential sources of support prior to discharge or transition?

Before transition or discharge, it's very helpful to reach out to each person the patient identifies as someone they could ask for help as their main crisis support. There may be some casual support people or community resources to contact as well. Although not everyone identified in a patient's safety plan needs to be contacted.

There are several reasons why it's imperative to contact some of these people prior to the patient's transition or discharge.

- **The patient might not make the call later on.**

- **Main support people**

Don't expect patients to follow up independently after discharge, even with people they identified as their main support people. It's hard to reach out and ask for help and support.

Together with the patient, call their main support people prior to discharge. Patients who are unwilling to contact a potential support person while at the hospital are probably not going to follow up later on, particularly during a crisis or in a time of need. It's better to know this early on so you can help identify alternative sources of support.

- **Community resources**

If community resources are identified (e.g., community health worker, potential volunteer organization), you may want to contact them with the patient in advance to help foster a connection.

It can be challenging for patients who are recently discharged and still at heightened risk of suicide to muster the confidence to contact a community resource for the first time or know what to say. Together decide which, if any, community resources to reach out to while the patient is still at the hospital.

- **Support people may need guidance.**

People often want to help but don't know what to do or say. When you call a patient's main support people, give them some basic guidance, including:

- It's okay to say the word "suicide"; it won't cause someone to make an attempt.
- If you are concerned about the patient at any time, ask directly if they are feeling suicidal. Share with the person what you are noticing. For example: "You look like you are down. Are you feeling suicidal?" and "Sounds like you are struggling. I am here to help support you. Let's try some of the things on your safety plan."
- Have a readily available list of activities to do together, such as taking a walk or going to the movies. You can ask the patient about their safety plan and the kinds of activities that are listed on it. That way you don't have to try to think something up in the moment. Do one of these activities together.

- **Support people may not be available or willing.**

For a wide variety of reasons, some people may not be available to provide support. This is why it's vital to find out ahead of time whether or not they can. The goal is to surround the patient with people who can provide regular contact and support during a time of need.

It's often best if the patient asks them directly and emphasizes that it's okay to say "no." Avoid pressure or guilt if someone cannot make that commitment.

If patients are too uncomfortable to ask directly, work with them to write out a script of what to say. Then practice the script with them so they get more comfortable asking directly. This may take a couple of practice sessions. If they are still uncomfortable, you can do it together, but make sure it's a collaborative effort. You can also pave the way by talking with the support person ahead of time, with an appropriate release of information.

Do HIPAA regulations prevent me from talking to others?

HIPAA, or the Health Insurance Portability and Accountability Act, regulates the use and disclosure of protected health information. There is an easy way to abide by the law and still initiate contact with possible support people for a patient. Have a release readily available for the patient to sign just before making the call. Explain that HIPAA is meant to protect their privacy. In this instance, it's vital to their safety that the support people know how to help. Discussing this with patients may feel a little awkward, but it's important to have an open conversation.

Here's an example of how to talk with patients about this. In addition to a signed release, it's best if the patient is also on the phone when you make the call. This provides the opportunity for the patient to ask for support, for you to hear the response and provide information, and for you and the patient to debrief after the call.

Let's revisit the conversation about contacting the patient's church.

Purpose of the disclosure

Staff: In order for me to be able to talk to your church group leader with you, I need your written permission. Here's the permission form. Let's fill it out together.

Patient: Okay.

Staff: On the form, we need to identify the purpose. The purpose of this call is to get you reconnected with the church, and to share a little about what you've been through and how the church can help.

Patient: I don't want anyone at the church to know what I've been through.

Staff: That's fine. On this form, we'll say the purpose is to reconnect you with the church. The next section of the form covers what information is to be released. Let's talk about what you are comfortable sharing before we make this call.

Information to be shared

Staff: Okay, so we don't have to go into detail about your attempt, but in order for them to help you, they need to know a little. The next section of the form covers what information is to be released. Let's talk about what you are comfortable sharing before we make this call.

Patient: I'm not sure. I don't know what they'll think of me.

Staff: Would you feel comfortable sharing that you are wanting to get reconnected with the church, and you've been through a personal crisis and you are anxious about returning?

Patient: I'm not sure about that.

Staff: This is your choice, but one of our goals is to be real and ask for the help you need, and this is a chance to practice that. Are you willing to use this as an opportunity to do this?

Patient: I'm pretty nervous about it, but you're right.

Staff: Okay, so we can talk with them about what kind of support you need and who should know. Let's also help them understand those early signs that indicate you are not doing well.

Patient: Okay.

Staff: Okay, so that will be the information we share with them.

Topic 3: Aftercare: Ensure Ongoing Support

Healing from suicidality—and building resilience, strength, and hope—is a slow process. Patients are at especially high risk of suicide in the weeks and months after they are discharged or in a care transition from an inpatient hospital. Research shows that the suicide death rate is *300 times higher* for patients in the first week after they are discharged compared to the general population.

Staff in psychiatric hospitals are responsible for making sure that each patient's treatment plan and support system—including appropriate hand-off communication—are in place prior to discharge. It's equally important to follow up *after* discharge to ensure patients actually receive the ongoing support they need to help them recover and heal.

This topic focuses on aftercare that inpatient staff can provide that is easy, fairly quick, and incredibly helpful to patients.

Review these common questions about this topic to learn more.

- **What can we do to bolster the patient's aftercare support system?**
- **What can we do to help ensure patients see an outpatient provider?**
- **Is there other support or outreach to provide patients once they leave?**

What can we do to bolster the patient's aftercare support system?

The best help psychiatric staff can provide patients upon care transition or discharge from their facility is to make sure the collaborative safety plan is solidly in place, the follow-up outpatient provider and support people are lined up, appropriate hand-off communication occurs, and staff follow up with the patient after discharge.

The following are ways to bolster patients' aftercare.

- Confirm that patients attend their outpatient appointment.

You will want to confirm with the outpatient provider that your patient attended their first appointment. Also, contact patients within 24 hours after discharge, and again within seven days, to find out how they are doing—call, text, and/or send a postcard. In addition, provide education to family, friends, and the community supports on warning signs that a crisis may be developing, what to say to patients, and how to be supportive.
- Contact the patient to find out how they are doing—call, text, or send a postcard.

Contact patients within 24 hours after discharge, and again within seven days, to find out how they are doing—call, text, and/or send a postcard. Also, confirm with the outpatient provider that your patient attended their first appointment. In addition, provide education to family, friends, and the community supports on warning signs that a crisis may be developing, what to say to patients, and how to be supportive.

- Provide education to family, friends, and the community supports on how to support patients and recognize the warning signs of suicide.

Provide education to family, friends, and the community supports on warning signs that a crisis may be developing, what to say to patients, and how to be supportive. Also, confirm with the outpatient providers that your patient attended their first appointment. In addition, contact patients within 24 hours after discharge, and again within seven days, to find out how they are doing—call, text, and/or send a postcard.

What can we do to help ensure patients see an outpatient provider?

When patients return home, their sense of hope is still quite fragile and can quickly fade. When they face challenges that they experienced prior to their hospital stay, they may again feel hopeless, overwhelmed, and ill-equipped to deal with life.

It may also feel like too much effort to attend their first outpatient appointment and start all over talking to yet another stranger about their problems. Yet outpatient support can be vital to their recovery.

See below to learn how you can help patients.

- **Before discharge, address obstacles to getting to the outpatient appointment.**

- Introduce the patient to the outpatient provider before the patient leaves the hospital. Make a telephone call or video conference call or arrange an in-person visit so the two of them can meet and begin to develop a relationship. If possible, include family members. Studies show that this kind of early contact increases patient attendance at outpatient appointments.¹
- Discuss things that might get in the way of attending their outpatient appointment, such as low energy, motivation, and self-esteem; forgetfulness; lack of transportation; and lack of childcare.

Identify some concrete ways to overcome these obstacles. For example, arrange for a family member, friend, or other support person to do the following: call and remind the patient about the appointment the day before and the day of; drive the patient to the appointment; and provide childcare during the appointment. If transportation is an obstacle, look up public transportation options and map out the schedule with the patient. Ask the outpatient care provider about resources for transportation and childcare.

- **After discharge, make some follow-up calls.**

- Within 24 hours after discharge, contact the patient and/or the patient's family to see how they are doing. Find out if any additional support or resources are needed, and also confirm their outpatient

¹ Boyer, C. A., McAlpine, D. D., Pottick, K. J., & Olsson, M. (2000). Identifying risk factors and key strategies in linkage to outpatient psychiatric care. *American Journal of Psychiatry*, 157(10), 1592–1598. Retrieved from <https://doi.org/10.1176/appi.ajp.157.10.1592>

appointment. Make an additional follow-up call to the patient or family member toward the end of the first week to check in on the patient's well-being and find out if they attended the outpatient appointment.

- Contact the outpatient mental health provider within seven days of discharge or the day after the scheduled appointment. If the patient does not keep the appointment, determine with the outpatient provider who will take the lead in follow-up outreach efforts. The outpatient office may have a mobile crisis team that could go and visit the patient in an effort to get the patient engaged and to attend the outpatient appointment. Or perhaps the outpatient office offers telehealth as another alternative that may work for the patient and family.

Is there other support or outreach to provide patients once they leave?

Patients at risk of suicide need to know that people care about them and they matter. After discharge or transition from an inpatient hospital, patients still need your support.

A very meaningful and easy way you can support patients after they leave your hospital is to contact them within 24 hours and again within seven days to find out how they are doing. Review the patient's discharge plan, safety plan, and any potential barriers to attending their outpatient appointment. According to research, reaching out briefly like this (particularly if it is done by someone who was with them through their crisis) shows promise in reducing suicidality.²

In addition, follow-up caring contacts have proven to be extremely beneficial to patients. These are brief messages of encouragement (e.g., postcards or texts) that are sent to the patient post-discharge. The messages simply let them know that you are thinking of them and wish them well; patients are not asked to reply.³ Providing these messages 8–9 times throughout the year has reduced re-hospitalization rates and suicide deaths.⁴ Hospital systems can use an automated scheduling system (similar to patient satisfaction surveys) to ensure the messages go out regularly and on time and that addresses are updated.

View this video to hear why aftercare is so important.

<https://zerosuicide.edc.org/files/lived-experience-aftercare-makes-difference>

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² Falcone, G., Nardella, A., Lamis, D. A., Erbuto, D., Girardi, P., & Pompili, M. (2017). Taking care of suicidal patients with new technologies and reaching-out means in the post-discharge period. *World Journal of Psychiatry, 7*(3), 163–176. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5632601/>

³ Miller, I. W., Camargo, C. A., Arias, S. A., Sullivan, A. F., Allen, M. F., Goldstein, A. B., . . . ED-SAFE Investigators. (2017). Suicide prevention in an emergency department population: The ED-Safe study. *JAMA Psychiatry, 74*(6), 563–570. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28456130>

⁴ Motto, J. A., & Bostom, A. G. (2001). A randomized controlled trial of postcrisis suicide prevention. *Psychiatric Services, 52*(6), 828–833. Retrieved from <http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.52.6.828>