What Do I Do After a Mental Health Hospitalization: A Guide for Discharge and Aftercare Planning

Presented by Rosy Tellez

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## Disability Rights California (DRC)

California’s Protection & Advocacy System

Mission Statement:

Advocate, educate, investigate and litigate to advance and protect the rights of Californians with disabilities.

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## DRC Services

Intake & Referral

Self-Help Materials & other Publications

Legal Trainings

Public Policy & Legislative Advocacy

State Hospital Patient’s Rights Advocates

Clients’ Rights Advocates for Regional Center Clients

Legal Counsel & Advice

Representation of Individuals with Disabilities

Systemic Litigation

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## Peer Self- Advocacy Program (PSA) Services

Facilitate Self-Advocacy Groups in Mental Health Facilities & State Hospitals.

Provide Trainings to People with Mental Health Disabilities, Family Members & Service Providers on Legal Rights & Access to Services.

Help Participants Develop Self-Advocacy Skills & Strategies to Advocate for their Own Goals and Services.

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## Disclaimer

During this training I will not be providing legal advice.

This training is presented from a peer perspective by people who have lived experience with mental disabilities.

Nothing said during this training is confidential.

If you have a disability-related legal issue that you would like to discuss with Disability Rights California, please call our intake line at 800-776-5746.

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## Training Agenda

* What is a Treatment Plan?
* What Steps are Necessary for You to be Discharged from the Facility?
* The Components of Discharge Planning
* How to Plan Effective and Realistic Aftercare Goals
* Tips to Help Us Stay Engaged in Aftercare

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## What is A Treatment Plan?

A treatment plan is an Individualized plan containing what kind of treatments you will receive while in the facility (such as medications, groups to attend, daily living skills, vocational counseling, therapy and discharge planning).

***\*Treatment planning begins when you enter the facility.***

The treatment plan will include:

* Evaluation of the psychiatric and physical symptoms that led you to hospitalization
* Health History: An overview of past and present health conditions
* Treatment History: A review of diagnosis, treatments and symptoms
* Treatment goals and objectives to address your specific needs
* Progress review to document accomplishments and areas to work on

\*You have the right to a copy of your treatment plan.

*California Health and Safety Code Section 123105 and 123110*

***\*It is important to note that each hospital has different policies for treatment and discharge plans.***

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## Who is Part of The Treatment Team?

The treatment team is composed of staff that will provide you the services you will receive in the facility.

The treatment team may include:

1. Yourself
2. Your Doctor
3. Nursing staff
4. Case manager or social worker
5. Vocational counselor
6. Peer Mental Health worker
7. Therapist
8. Conservator

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## What is a Discharge Plan?

 A discharge plan is an individualized plan containing the steps necessary for you to be discharged from the facility. It also contains recommendations for where you could live, the kind of treatment you could receive and where you could receive it.

***\*Your discharge plan begins as a part of your initial treatment plan when you enter the facility.***

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## Who is involved in your Discharge Plan?

As mentioned before, your treatment team is involved in your discharge plan.

1. Yourself
2. Your Doctor
3. Nursing staff
4. Case manager or social worker
5. Vocational counselor
6. Peer Mental Health Worker
7. Therapist
8. Conservator

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## The Components of Discharge Planning

Discharge planning will help you identify what you need to do in order to work towards a successful release from the facility.

For example:

* Are you participating in your treatment plan in the facility? (for example, day-to-day activities)
* What supports do you need in the community that will help you avoid rehospitalization? (such as family, friends, support groups, treatment, transportation and supported living).
* Do you know what mental health condition you are living with? What diagnosis did your doctor say you have?

 What specific recommendations did your doctor give you?

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## The Components of Discharge Planning 2

What treatment was provided to you?

* Psychotherapy, physical therapy, Dialectical Behavior therapy, Cognitive Behavior therapy, etc.
* What self help and support groups do you find helpful? (Find the supports that help you, whether it is a 12-step, self-help or support group.)
* Do you know what medications you are taking? (Make a list of medications, dosages and how often you take them. Also explain what each medication is for.)
* Do you know the medication side effects? (Know what side effects to look out for.)

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## The Components of Discharge Planning 3

Discharge planning also includes answers to the following questions:

* How are you planning to stay well in the community?
* Where are you going to live? (family, friends, board and care facility, supported living, etc.)
* Where are you going to go for mental health services? (Mental Health Center, …?)

1) How are you going to get there? (Transportation)

2) How are you going to obtain your Medications? (Medi-Cal, Medicare, etc.)

 3) What is your income source? (Disability benefits, etc.)

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## How to Plan Effective and Realistic Aftercare Goals

Let’s plan:

**What are your community living options?**

Board and care facility, Family, Friends, Collaborative housing, etc.

**What can mental health services do for you?**

Case Management, Treatment, Medication Supports, Psychotherapy, etc.

**What are your transportation options?**

Public transportation (Bus routes, rail, city ride or para-transit services, etc.)

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**What are some peer supports you can access?**

12-Steps, Self-Help, Peer Support (in-person or virtual), Mental Health Apps, Drop–In Centers, Urgent Care, etc.

**What can you do to prevent you from landing back in the hospital?**

* Plan your day-to-day activities.
* Set personal goals with steps to accomplish your goal.
* Identify what is important to you (For example, what you do to cope and have hope).
* Decide how you will carry out your wellness plan (Break down your plan into clear and specific actions).
* Be as objective as possible - What inspires you to accomplish your goals?
* Develop a Crisis Prevention Plan – Identify your Network of Supports

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## Resources

Los Angeles County Department of Mental Health 24/7 Helpline -

**The ACCESS Center:** (800) 854-7771 <https://dmh.lacounty.gov/get-help-now/> (This is an entry point for mental health services.)

**National Alliance on Mental Illness NAMI:** (800) 950-6264 [www.nami.org](http://www.nami.org/)

**Disability Rights California (DRC):** [www.disabilityrightsca.org](http://www.disabilityrightsca.org)

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For assistance, please contact the Disability Rights California confidential intake line at 1-800-776-5746, available 9:00 am - 4:00 pm, Monday through Friday, or for TTY call: 1-800-719-5798. TTY Speech to Text

Publications available at DRC’s Website: [www.disabilityrightsca.org](http://www.disabilityrightsca.org)

Peer Self Advocacy Supervising Coordinator: Rosy.Tellez@disabilityrightsca.org

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## Q&A Section

We Invite you to join us in our upcoming webinars.

We encourage you to complete a brief 3 question survey at end of the webinar.

## Thank You for Joining Us