

# Supporting the Transition from Inpatient Hospitalization to School



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## KEYWORDS

- Psychiatric hospitalization • Schools • Families • Youth
- Cross-system collaboration

## KEY POINTS

- Transitioning out of an inpatient psychiatric stay presents a variety of challenges for youth and their families.
- Limited family support and lack of coordination with school personnel may increase risk for hospital readmission.
- Families commonly express a need for increased information and support during transition from inpatient psychiatric care to school.
- The School Transition Program developed at University of Maryland provides support and care coordination through Family Connectors, School Transition Specialists, and mobilizing resources within the school.
- Having a transition specialist or advocate who can attend school meetings with families and collaborate on individualized plans may promote cross-system communication and improve outcomes.

## SUPPORTING THE TRANSITION FROM INPATIENT HOSPITALIZATION TO SCHOOL

Inpatient psychiatric hospitalization is the most restrictive intervention available for youth with emotional and behavioral challenges and targets youth with the most severe psychiatric difficulties.<sup>1,2</sup> These hospitalizations are costly to the mental health

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Abbreviations	
C & R	Connect And Reflect
FC	Family Connector
IEP	Individualized Education Program
SC	School Connector
STP	School Transition Program
STS	School Transition Specialist

system, with annual costs estimated at \$3.9 billion.<sup>3</sup> In addition to financial costs to the system and individual families, hospitalizations result in increased stress for youth and families.<sup>4</sup> With readmission rates ranging from 30% to 50%, youth are also at risk of cycling through multiple hospitalizations in a short period of time.<sup>5,6</sup> The emotional consequences to children and families and the financial costs incurred by frequent readmissions have led hospitals to place an increased focus on better supporting families during transition from inpatient care, and on reducing readmissions.<sup>7</sup>

Limited family support and lack of coordinated care may heighten the risk for readmission to inpatient psychiatric care.<sup>8</sup> Specifically, high caregiver burden and low levels of parent involvement in treatment are associated with a greater risk for readmission.<sup>5,9,10</sup> However, few studies have examined caregivers' perceptions of their child's hospitalization or their needs after the hospitalization. Caregivers report mixed feelings related to their child's hospitalization, expressing a desire for their children to improve, but also expressing concerns related to stigma.<sup>11</sup> A study examining the needs of caregivers during their child's hospitalization found that many caregivers felt supported by hospital staff during the stay, but desired more support related to behavior management strategies and information about their child's needs.<sup>12</sup>

Although prior research has examined the transition from hospital to school after a physical illness,<sup>13–15</sup> there has been far less empirical examination of the transition from inpatient psychiatric hospitalization to school. This is concerning, given that youth and families face various academic and emotional challenges when returning to school after inpatient psychiatric care. A number of common fears are reported by youth during this transition. Hospital therapists reported the fears youth experienced most frequently after discharge were related to peer relationships (88%), followed by personal coping skills, academic performance, and relationships with school personnel (range, 67%–61%).<sup>16</sup> The most frequently reported difficulty was anxiety (67%) followed by disruptive behavior (49%).<sup>16</sup> Academic challenges experienced upon return to school may reduce academic self-efficacy without proper school supports and intervention.<sup>17</sup>

Clinical providers also report that many hospitalized youth have difficulties transitioning back to an outpatient setting. Inpatient settings can feel safe for children, both physically, with a secure unit and highly structured routines, and emotionally, with respite from family/social stressors impacting their psychiatric functioning (eg, a time away from bullying, parent–child conflict). At discharge, many youth worry about the stigma of mental illness; they worry about family and friends being judgmental and may also wrestle with their own internal stigma with feelings of guilt, shame, and embarrassment. Families frequently struggle during this transition period with worries about relapse, guilt and fear that their actions caused their child's illness, and worries about keeping their children safe. Without acknowledging and addressing these important concerns, youth are at heightened risk for relapse and

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