



Behavioral Health Learning Center Patient Handbook

For patients at UW Medicine Northwest Campus

Welcome to the Adult Psychiatric Unit (APU) at UW Medical Center's Northwest Campus. We are proud to partner with you in your care. We hope to make this an open, honest, and healing experience for you. We created this handbook so you can understand our structure, our expectations, what you can expect from us, and safety rules.

The Center for Behavioral Health and Learning Welcome Letter

A quick introduction to the facility and to the rules to follow.

Welcome to the Center for Behavioral Health and Learning (CBHL) at UW Medical Center's Northwest Campus. We are proud to partner with you in your care. We hope to make this an open/honest, safe, and healing experience.

To make the most of your stay, we encourage you to take an active role in your care – ask questions, share thoughts, and collaborate with your treatment team. Ultimately, you have the power to shape your experience and to create a healing space for yourself and those around you.

We wrote this document to communicate important information, safety rules, and guidelines for hospitalization at our facility. Please follow the guidelines posted on your unit, outlined in this packet, and shared by your team.

Our Goals During Hospitalization:

1. Provide safe, evidence-based care to our patients and their families to work toward mental, emotional, and behavioral stability.
2. To provide a healing environment to help you get to your highest level of independence and well-being.
3. To help determine what supports may be helpful when you leave the hospital.

Important Information for Newly Admitted Patients

What to Expect:

- You will have your belongings inventoried. Many of your belongings will be stored in a locked location for safekeeping. You will get them back when it is time to leave the hospital.
- You will be asked to follow a set schedule.
- If you pose an imminent risk to your safety or the safety of others, staff may intervene with necessary safety measures.
- Visual checks happen throughout the day for your safety.
- The doors to the unit are always locked. There are opportunities to go outside at staff discretion.

Unit Rules to Follow:

- You are not allowed to enter other patients' rooms and you may not interfere with the treatment of other patients.
- Patients are to treat others with respect. You are not allowed to engage in sexual behavior, use inappropriate language, or cause harm to others.
- No items that have the potential to cause injury are allowed on the unit.
- You are not allowed to share personal items with other patients. You are not allowed to take personal items from others.
- Cell phones are not permitted. There are phone hours when you are permitted to make calls. When you are admitted you will have some time to write down any phone numbers you may need from your personal device. Use the next page to record the numbers.
- There are visiting hours with policies in place for safety. Patients and visitors are expected to follow these policies. The charge nurse has the authority to limit visitors if there is a safety risk.
- You must maintain confidentiality of other patients by not repeating information about them to others.

Beginning Action Steps to Take:

1. Identify a primary contact who can serve as a support to you and that the staff may contact. We may contact them with updates on your care and to coordinate resources.
2. Fill out paperwork and engage in assessments to allow your team to best assist you.
3. Read your patient rights. You will receive a copy in this packet and the rights are posted on the unit. If you need help or have questions, please ask.
4. Attend groups, follow the recommendations of your care team, and behave in a way that supports your good health.
5. Take an active role in your care. This includes asking questions and learning who is on your treatment team. There is a spot for you below to write down your doctor's name.

My Contact Sheet

My Doctor's (Psychiatrist) Name: _____

My Social Worker's Name: _____

** If you need to contact your doctor or social worker, ask your nurse to send them a message.*

Other Staff:

Important Phone Numbers from My Cell Phone:

Center for Behavioral Health and Learning Handbook

A Guide to Psychiatric Hospitalization

You have already read the welcome letter, which is a good first step. The welcome letter outlines the basic information to read on your first day. The following information is a more detailed version of the guidelines and rules of our behavioral health center. If you were admitted less than 24 hours ago, it may be a good time to take a break and read more tomorrow. You are not expected to remember all this information, but staff may remind you of rules and guidelines if you do not follow them. This packet is yours to keep. You should refer to it when you have questions about the expectations of our facility. If you have further questions, please ask.

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Admission

We will give you a great deal of information when you arrive. You will be signing several papers and answering several questions. All patients go through this process, and it is for your protection and for the protection of the hospital. You may request a copy of any paperwork that you sign.

Some of the papers you sign will include:

- Confidentiality Acknowledgment
- Your Patient Rights
- Consent to Verbal Release of Information
- Electronic Device Guidelines

To help cope with all of this:

- Know that you do not have to think about everything at once. Take things one step at a time.
- Think about naming 1 person – a trusted family member or friend – to be your primary contact. Then the care team may talk with them when they have questions or concerns, or when you are not available or don't feel like talking.
- You will need to keep track of and organize a large amount of information you receive during your stay. Find and use a system that works for you. If you need it, ask for supplies like a folder and notebook.

Helpful Tips can be found in boxes like these throughout the booklet.

Beginning Phases:

This first stage of your care is called the **assessment phase**. This is when you and staff get to know each other. From the beginning, you will be asked about your goals: What do you want to accomplish to support your mental health? The assessment phase happens at the beginning of your hospitalization and continues up until discharge. Assessment determines what treatment(s) are best suited for you. During this phase you will be assigned a psychiatrist, and you will interact with several staff. It may be helpful to record who you talk to and their role, so you can contact them again with further questions.

You will be asked the same questions many times – from the time you are admitted, throughout treatment, up until the time you go home. Be patient with this part of the process. Try to keep the basic information somewhere where you can find it every time you need it.

Potential Assessments, Tests, or Screenings:

- Travel screening, infection screening, allergies, medical history, etc.
- Suicide risk
- Fall risk
- Substance use
- Nutrition preferences
- Advance directive
- Activities of daily living
- Assessment to determine your mental status
- Blood draw
- Possibly more, depending on your symptoms (for example, head imaging)

Our Expectations for You

- **Be honest and open with staff.** Your treatment plan is based on what you choose to share with us. Tell your team about your symptoms, relevant medical history, and response to medicines. Tell your doctor or nurse if you notice any changes in your health.
- **Be patient with your care.** Many people expect to begin to feel better on their first day of admission. Although we wish that was the case, it is very uncommon. Some people experience more stress when they first arrive because they are in a new environment, and their medicines may be changed. It takes time to adjust to change. Be patient with yourself. Just as you cannot rush a broken bone to heal faster, you also cannot rush your mental health.
- **Ask your care team questions.** This will help you understand your diagnosis, treatment, and expectations. Actively participate in decisions about your care.
- **Do your best to participate in daily activities and meals.** Activities and mealtimes are important parts of your recovery.
- **Be respectful of other patients and your care team.** Follow group expectations, posted rules and guidelines, and privacy policies.

Voluntary Versus Involuntary Patients

When you are admitted, you are here either voluntarily or involuntarily. Involuntary hospitalization is often referred to as an “ITA (involuntary treatment act) hold.” Your status will influence your hospitalization process. If you are a voluntary patient, you may skip over the ITA sections in this booklet.

If you have further questions, write them down.

This booklet is yours. Feel free to write questions, thoughts, or other important information in the margins.

Involuntary Patients (ITA)

If you are being admitted on an involuntary basis, it means that you are here by court order. The court order for an ITA hold may be due to a behavioral health disorder that indicates a person is a danger to self, danger to others, danger to others’ property, and/or gravely disabled AND that person is unable to engage in less restrictive treatment options. In Washington State, the county-appointed Designated Crisis Responders (DCRs) make the initial ITA decision after a referral is made to the department. You have specific patient rights. Please read them. There will be further information throughout this handbook about what to expect if you are involuntarily admitted.

About the Center for Behavioral Health and Learning

What is the CBHL?

The CBHL is a psychiatric hospital that is a part of UW Medicine. The CBHL supports each patient’s unique emotional and physical needs. We consider your experience with social stressors, loss, medicines, and life changes to create a custom treatment plan for you.

General Layout

There are nurses assigned to be stationed in the hallways to help meet your needs (supplies, blankets, etc.).

Communal Spaces

- **Group Rooms:** Therapy groups take place in the group therapy rooms. Information about groups (who, what, when, etc.) will be posted on the unit and near the entry to the group areas. You are expected to follow group expectations set by the therapists to create a healing environment. If you are not able to abide by the expectations, then you may be asked to leave the group until you are able to do so. Further information about groups is in the “Treatment” section of this handbook (see page 15).
- **Outdoor Terrace and Porches:** There is an outdoor recreation space called the Terrace. Smaller porches on each unit can be used by patients with staff supervision and staff clearance. There is a schedule for each floor to use outdoor spaces. Your eligibility to use the outdoor spaces is subject to change by the treatment team. If you have questions, you may ask staff members.

Your Room

Your room assignment is based on availability and your specific needs. We're here to help you with linens, towels, and toiletries as necessary. We encourage you to use your daily living skills to make your bed and maintain the neatness of your room. Our housekeeping staff removes trash and cleans bathrooms and floors every day.

Breathe

If you are feeling overwhelmed, now may be a good time to take a few deep breaths. You don't have to read this alone. Asking for someone to go through this booklet with you may be helpful.

Please respect others' privacy and do not enter other patients' rooms. This is for your safety and their privacy

- **Locked Closet:** You have a locked closet in your room. Staff have the key to the closet so other patients cannot access your personal belongings. You will have to request a staff member to open the closet if you need anything from inside. If any of your belongings are missing, notify staff. If you have a roommate, please do not share unlocked cubbies. Sharing cubbies increases the risk of misplacing items or property theft.
- **Bathroom:** There is a call button next to the toilet and shower in case you need help. If you are concerned about falling or if we identify you as a fall risk, you may receive assistance for bathroom use. We have equipment to accommodate physical needs. Your care team will decide what is needed.

Meals and Food

- We provide three meals daily and snacks as needed. If you want a snack, ask your nurse. Meals are served in the dining room and are to be eaten there.
- Special diets for health or religious reasons can be provided, and assistance with meal setup is available. If necessary, you can consult with a dietitian upon request or as recommended by your treatment team.
- Outside food is not permitted.

Hygiene

Maintaining good hygiene and grooming is crucial for your well-being. Patients are urged to shower often, wear clean clothes, and dress appropriately in casual attire. Personal care items are available upon request, and towels and linens are provided.

Clothing

- **Daily Wear:** We suggest you begin your day by wearing your own clothes. Please choose outfits that are not too tight or revealing and avoid clothing with alcohol or drug ads. Our staff will decide what clothing is suitable. It's best to wear your own clothes, but if you don't have any or your clothing is not suitable for the hospital, the hospital has "scrubs" you can wear.

- **Laundry:** Washers and dryers are available on the unit to launder your personal clothes. If you wish to wash your clothes, please notify staff and they will provide the appropriate level of support. It may be beneficial to have your name written somewhere on the clothing to avoid accidental loss.

The dirty linen hampers that collect hospital linens are meant only for hospital linens, not personal items. Personal clothing that is placed in the hospital's dirty linen hampers will likely be unreturnable.

Technology

- **Personal Cell Phones** are not permitted on the unit. This rule protects the privacy of patients, limits access to potentially stressful stimuli, and reduces the risk of your phone being damaged. There are landline phones on the unit for you to use for calls.

Visitors

- **Visiting hours** are posted on the unit.
- **Family and friends** are invited to visit during designated hours. Visits are limited to one individual at a time, aged 18 or older. Visits must occur in common areas, such as the dining room, not in patient rooms, for safety reasons. Both patients and visitors are expected to adhere to program rules, prioritizing patient safety and social courtesy. Your treatment team may restrict visitation if necessary.
- **Your confidentiality** is preserved unless you have provided specific consent for the release of information to a particular visitor. If you wish to limit visitors, staff assistance is available. For safety, belongings brought by visitors must be checked and approved by the staff at the front desk on the unit.

Communication with People Off the Unit

- **Mail** is processed every day when the U.S. Postal Service is open, and the hospital provides envelopes, paper, and postage for outgoing mail. For safety reasons, staff reserve the right to inspect any package you receive. If there's reasonable cause to suspect prohibited items, you may be requested to open the mail in the staff's presence.
- **Telephone** hours are posted on the unit. Do not make phone calls during group activities or during sleeping hours. If you need a phone number that is stored on your personal device, let staff know.

Unit telephones are provided for making local calls. Dial "9" for an outside line, followed by a "1" and then the area code. Usage times are posted on each unit. Keep calls to a 15-minute limit. Discuss arrangements for long-distance calls with your treatment team.

Smoking

Our campus is entirely smoke-free. Smoking is not allowed anywhere in the hospital or on the grounds. Smoking-related items such as cigarettes, e-cigarettes, cigars, chewing tobacco, lighters, and matches will be collected upon admission, securely stored, and returned upon discharge. Nicotine patches can be prescribed by your doctor to manage cravings. Patients obtaining smoking materials from visitors may face limitations on their visiting privileges. If you wish to quit smoking, please ask your nurse or psychiatrist for support.

Privacy and Safety Policies

Privacy

HIPAA (*Health Insurance Portability and Accountability Act*) protects your privacy. Common areas have video surveillance for your safety.

Here are the rules to protect privacy:

1. Do not go into other patients' rooms.
2. Do not reveal confidential information about other patients.
3. You do not have to share your personal information with others if you do not want to.

Prohibited Items

The following is a list of items that are not allowed on the unit at any time. The purpose is to:

1. Protect people that may be a harm to themselves or others.
2. Prevent misplaced or stolen items.
3. Prevent disruption to the therapeutic environment.

Your belongings will be stored in a locked location and returned to you when you leave.

Prohibited items may include but are not limited to:

- Shoelaces, belts, cords, scarves, bags with long handles, or other similar objects.
- Personal grooming items: razors, chemicals, metal files, curling irons, etc.
- Breakable objects: glass bottles, mirrors, etc.
- Metal items: cans, staplers, metal spiral notebooks, paper clips, pop cans, etc.
- Toxic substances: alcohol, alcohol-based products, batteries, etc.

- Belongings with high value: wallets, cash, checkbooks, credit cards, etc.
- Personal medicines: see the “Medicines” section on page 16.
- Other: plastic bags, publications with racist, sexist or other unacceptable content, balloons, etc.

If you have questions about your belongings, ask your nurse for clarification.

Please do not share personal belongings or money with other patients.

Restricted Items

Restricted items are items also with the potential for self-harm, harm to others, or causing disruption to the healing environment. Such items won't be kept by the patient but may be provided under staff supervision on a limited basis. Additional restrictions may be determined by your care team and will be included in your treatment plan.

Restricted items may include but are not limited to:

- Aerosols
- Alcohol-based mouthwash
- Earphones / headsets
- Electronics with batteries or cords
- Mirrors
- Crafting supplies
- Walking devices: walkers, crutches, wheelchair

Doors

The CBHL is a locked unit. This means that the doors to the unit are used by patients only for admissions, diagnostic tests, acute medical needs, and discharges.

Rounding

One of our goals is to provide an environment that maintains your safety; therefore, every patient on the unit is observed closely. We will check on your safety every 15 minutes. This is called “rounding.”

If you are in the bathroom and do not verbally respond, then staff may enter to check on you.

If you ever wonder why certain rules exist, the answer is usually safety. You, or other patients, have been hospitalized due to safety concerns and needed a place to stabilize.

Please have patience and respect for the rules, even if you do not understand why they are necessary.

Unsafe Behaviors

- **Verbal aggression and/or physical aggression** toward yourself or other patients are not tolerated. Staff will intervene if they observe you or others engage in unsafe behavior. There are public safety officers on standby and they will be called as necessary. If the behaviors of others are causing you to feel unsafe, please notify staff.
- **Restraints/Seclusion:** Infrequently, our facility may use restraints when a patient's actions put them, a staff member, or others in immediate danger, and less restrictive methods have not been effective. They are not used as a punishment. They are used as a tool for your own safety. Family members may be notified if this event occurs, and the necessity of the restraints is re-evaluated frequently.
- **Cameras:** There are cameras located in the hallways but not in bedrooms. Your privacy is important and the footage from cameras will not be shared outside of the hospital. The cameras are in place for your safety, the safety of other patients, and for the staffs' safety.

Your Care Team

You

You are the person with the biggest impact on your health, and staff are here to help you. We urge you to:

- Take an active role in your healthcare.
- Ask questions about your care and treatment.
- Share information about your concerns, needs, preferences, and treatment.
- Accept responsibility for learning how to meet your healthcare needs.
- Learn about your medicines. Know their names, why you take them, what they do, and what your dose is.
- Do as much as you can for yourself. Prepare yourself for discharge by being as independent as you can.

Medical Staff

- **Psychiatrist.** Your psychiatrist is a doctor who specializes in the diagnosis and treatment of mental illness. You will have a psychiatrist appointed to you when you arrive. They aim to meet with you several times a week if they are able. Your psychiatrist makes recommendations for the best medicines and treatments and decides when it is safe for you to be discharged. Ask your psychiatrist when you have questions about your medical, mental, and medication progress.
- **Resident.** A resident is a doctor who has graduated from medical school and is in training in a special medical area.
- **Hospitalist.** A hospitalist is a physician that works only with patients staying in the hospital. They focus on general inpatient care. They can help monitor and make suggestions for medical conditions while you are here at the hospital.
- **Other Specialized Providers.** Psychiatrists will decide what other providers to consult for your medical care. Other examples may include: a wound nurse, a neurologist, a urologist, etc.

Nursing Staff

Start by asking your primary nurse whenever you need something or to ask a question.

- **Charge Nurse.** The charge nurse is the person all nurses to report to.
- **Primary Nurse.** There are RNs on the unit 24 hours a day. Their role includes giving medicines, monitoring vitals, recording changes in behavior and mood, and supporting you in doing daily activities. They also communicate with the rest of your care team about your care.

If you have any questions while on the APU, we recommend asking your nurse. You will have different nurses throughout your stay. A chart posted on your floor lists each patient's nurse. This chart can help you find out who your nurse is. Ask a staff member if you need help finding this or if you have any other questions.

- **Certified Nurse's Assistant (CNA).** CNAs support the RNs with their responsibilities. CNAs focus on helping you with your activities of daily living (ADLs), such as eating, dressing, bathing, and grooming. Like RNs, you will have different CNAs throughout your stay here.

On-unit Therapy Staff

- **Occupational Therapist (OTs):** OTs help you with activities (also called occupations) that are important to you. These activities may include ADLs, building strength and dexterity, cognitive rehabilitation, and mindfulness practices. They will also help you learn about and understand mental health and well-being. OT can be done one-on-one or in a group setting.

- **Recreation Therapist (RT).** RTs use recreation, leisure, and other fun activities to improve your quality of life. Our RTs will help you explore what activities you like the most and ways you can take part in those activities. RT can be done one-on-one or in a group setting.

Allied Health Professionals

- **Social Workers.** Social workers help you and your family create a safe discharge plan. This includes reviewing options for placement after you leave the hospital, such as returning where you were staying before hospitalization or, in some cases, finding new housing. Social workers also help coordinate follow-up appointments related to your stay in the hospital. Social workers act as advocates for you to find the most supportive place for you after you leave the hospital. Social workers will partner with you and your family and may also involve other people or agencies such as Placement Coordinators or Home and Community Services for more assistance.
- **Chaplain Services.** A chaplain is a person who provides spiritual and emotional support to patients and their families. Consult your psychiatrist to request chaplain services.
- **Dietitian.** Dietitians are experts on diet and nutrition. They make recommendations for your diet to support your acute or chronic conditions. You can request a consultation with a dietitian if you have specific dietary needs.

If you have special dietary needs, please let us know. We are here to help!

Support Staff

- **Unit Secretary.** Greets visitors, aids in communications between floors, and coordinates with hospital staff to support the unit. This is the person your family, caregiver, or Power of Attorney (POA) may work with when visiting the unit.
- **Environmental Services.** These staff aid in maintaining the cleanliness of the facility. You will likely see them on the unit, but requests for supplies or services should go through your primary nurse, not the environmental services staff.
- **Public Safety Officers.** These are available upon staff request when there is a safety risk on the APU. They are trained in safe de-escalation techniques and aim to keep the unit safe for both patients and staff.

ITA (Involuntary Admission) Staff

- **ITA Coordinator.** This person will coordinate with the courts to set up your court dates. They also provide face-to-face explanations and information about the ITA process. The ITA Coordinator is a good person to ask for clarifying information about the ITA process.

Court Visitor. This person visits on behalf of the court to gather information for the court proceedings. They may visit with you to get a better understanding of your health and well-being.

Daily Treatment

Schedule

Your daily schedule is structured by the hospital. This will include time for group therapy, self-care/hygiene routine, medicine passes, time to talk to your doctor, leisure activities, exercise, and more. You are encouraged to follow the schedule to maximize the benefits of hospitalization. The specific schedule for your floor/unit is posted in several locations on the unit. If you would like a hard copy, you may request one. Please note that the schedule may change. Please allow some flexibility for start times for activities and consultations.

Group and Individual Therapy

We offer groups and activities to support your well-being. These sessions aim to enhance skills like focus, socializing, communication, strength, coordination, relaxation, understanding community resources, using positive coping methods, emotional balance, mindfulness, and more. Groups will also take the form of educational sessions, where you'll gain valuable skills and knowledge to apply in your community. You will be able to practice these skills in group sessions to increase your confidence and competence to use them when you leave the hospital.

One-on-one therapy is an option for you if your care team decides it would be helpful for you. We encourage you to be an active member in your care and to say what you need and want from therapy.

Groups take place multiple times a day. You can find the group schedule posted on the unit. Please follow and respect the group guidelines, which are posted in the activity rooms.

The Milieu

- **The Milieu** are the shared spaces on the unit where patients develop skills that assist them to live in the community. All interactions and things in the milieu are meant to promote healing, including the staff, the physical structure of the unit, and the emotional climate. To accomplish this, we expect patients to follow the posted rules.

You are expected to attend groups as much as you are able. Group attendance is an important part of your treatment plan.

Hold onto handouts that you receive from your groups – these will be a helpful resource when you leave the hospital!

- **Milieu Expectations:**

1. Respect each other. Respect personal space, privacy, infection control procedures, and each other.
2. Refrain from derogatory language.
3. Exercise patience with each other and staff.
4. Promote healing discussions.

If you are unable to abide by milieu expectations, you may exit the group or be asked to leave.

Personal Boundaries

Personal boundaries allow for separation between you and others. It is important to maintain healthy boundaries with staff and other patients. Relationships can be complex because you need help and other people around you need help too, which can put people in a vulnerable situation.

You will likely spend a significant amount of time with other staff and patients, and you may learn a lot about each other along the way, both factors which can soften the boundaries in place. It is important to maintain good boundaries to ensure everyone feels comfortable. It is common to want to help other patients, but this is discouraged. Other patients need to be able to figure out how to do things on their own or be able to make the request.

How to maintain good boundaries:

- Understand your role, expectations, and the dynamics of the situation.
- Find an assertive voice. Be honest about how you are feeling.
- Avoid being completely passive (“Your way, or not at all.”) or completely aggressive (“My way, or not at all.”) with communication.
- Understand that maintaining your personal boundaries is not an insult to others, and others maintaining their boundaries is not an insult to you.
- If you need help with understanding boundaries or the expectations of you as a patient, please ask staff.

Medicines

While you are on the unit, your medicines will be managed by your care team. If your psychiatrist prescribes medicine, your primary nurse will come to you during “medication pass” to give you your medicines. You may request as-needed or “PRN” medicines by telling your nurse of your needs. While your medicines typically are the same as those from home, there may be changes, based on your condition.

For safety, the nurse will verify your identity and barcode medicines every time they give them to you.

It's crucial that you:

- understand your medicine's benefits;
- ask questions about names, actions, and potential side effects of your medicines;
- and communicate with your psychiatrist and nurse.

We will work to make sure you can get your prescribed medicines after you leave the hospital. Tell your social worker if you anticipate any difficulties.

Please do not take medicines brought from home. Instead, hand them to your nurse for accurate documentation.

Support and Advocacy

How to be an Advocate for Yourself

Self-advocacy for mental health involves actively stating your needs, seeking support, and taking steps to prioritize your well-being.

- **Helpful Action Steps:**

1. **Know yourself:** Understand your needs, triggers, and coping mechanisms.
2. **Learn about your condition:** Educate yourself about your condition. Knowledge empowers you to talk with healthcare professionals and make informed decisions about your care.
3. **Communicate clearly:** Be open and honest about your feelings, concerns, and needs.
4. **Set boundaries:** Establish and communicate clear boundaries to protect your mental health. Setting boundaries includes knowing when to say no, setting limits on things that stress you, and recognizing when you need time for self-care.
5. **Seek support:** Don't hesitate to reach out to friends, family, or professionals for support. Ask questions and share your insights.
6. **Be persistent:** Advocate for yourself consistently. If you feel your needs are not being met, don't be afraid to speak up and to explore alternative options for care.

Feel free to advocate for yourself! Please let the staff know when you need anything.

Guardianship

Some patients may be going through a guardianship process. Guardianship establishes a legal, court-appointed connection between a capable adult (the guardian) and an individual who is unable to manage their own affairs (the ward). This can be a difficult process. If you are having a hard time processing this, please contact your psychiatrist and/or a unit therapist.

Designated Power of Attorney:

A power of attorney is a legal document where you (the patient) appoint an agent to help make decisions on your behalf. You can choose who you want as your DPOA (designated power of attorney). A DPOA can be revoked at any time while a guardianship cannot.

Mental Health Advance Directives:

A mental health advance directive is a legal written document that describes what you want to happen if your mental health problems become so severe that you need help from others. This might be when your judgment is impaired and/or you are unable to communicate effectively. It can inform others about what treatment you want or don't want, and it can identify a person to whom you have given the authority to make decisions on your behalf.

If you would like to learn more about mental health advance directives, please talk with your social worker. There are resources available to begin the process during your hospitalization.

ITA/Involuntary Patients:

As someone under involuntary care, you may have questions about advocacy and legal support, which is completely normal. While under an ITA hold, you will be assigned an attorney, and you will receive their name and contact details. Feel free to call them during phone hours, and they may also reach out to you to provide important updates. Additionally, the court will schedule dates for hearings to determine if continued hospitalization is necessary. You can inquire about your hearing at any time. Typically, patients have hearings every two weeks, but the frequency may vary based on your hospitalization history and safety behaviors. For more details, you can ask your nurse to connect you with the ITA coordinator.

The involuntary treatment process is outlined under Washington (WA) State behavioral health laws (RCW 71.05 and RCW 71.34). You have involuntary patient rights (WAC 246-341-0600 RCW 71.05.217 and WAC 246-341-0420 RCW 71.34.160). These laws are posted on the unit and you may request a copy at any time.

Financial Support

Financial Support Contact:

If you have questions or concerns about the cost of your care during your stay, please feel free to talk with your social worker. UW Medicine has people who work in financial services who may also be a helpful resource to talk to. Their phone number is 206.744.3084.

There are resources in your community that are offered at reduced cost or free for people with disabilities. Your therapists or social worker can help you investigate resources to use after discharge.

Voluntary Patient Payment

If you choose to be a voluntary patient, our social work team will seek approval from your insurance before your unit treatment begins. The social work staff will notify you in advance if your insurance doesn't approve continuing care on our unit. If your insurance disagrees with the time recommended by the doctor, both social work and medical staff will speak up for you. However, there's a chance insurance might still decline further authorization. In such cases, voluntary patients can choose to pay for additional time on the unit themselves. It's recommended that patients contact their insurance directly to understand the costs of their stay, as staff may not have precise information about specific expenses.

For uninsured individuals, Medicaid may be an option. A social worker or financial advocate can help with backdating coverage. Voluntary uninsured patients who don't qualify for Medicaid will be considered self-pay.

ITA Payment

ITA patients are covered by the state if they do not have insurance. ITA patients with insurance will have their insurance billed first.

Discharge

Progressing Toward Discharge

Our goal is to discharge you as soon as you are 1) psychiatrically stable and 2) you have a safe discharge plan. Being psychiatrically stable is the ability to control and regulate your thoughts, behaviors, and emotions according to social norms, cultural norms, and medical standards. Your psychiatrist is the person who makes this determination. Having a safe discharge plan includes having a location for you to go to. This can include shelter if necessary. Taking an active role in making a safe discharge plan can help the discharge process along.

Voluntary / Involuntary Patients

If you are a voluntary patient, you will consult with your psychiatrist when you would like to leave.

If you are involuntary (ITA hold), your discharge date depends on court proceedings. Your psychiatrist, social worker, and ITA coordinator will provide updates on your discharge as much as they are able. If you would like to attend the virtual court hearing, please tell the staff.

Discharge Preparation

The transition away from the hospital can be a stressful period. Be patient with yourself and with those who are helping you and thank them for their help.

Collect what you have learned and organize the information that you have gathered while you were hospitalized. This information may be a helpful reference tool to continue to use.

This section will be helpful when you are ready for discharge. If you are not near discharge, you may want to revisit this section later.

When preparing for your discharge, it's wise to err on the side of caution and plan for extra support. Having more assistance initially is easier to manage than realizing you need more later on. Feel free to reach out to friends, family, or agencies for help. Your social worker will work with you to determine your post-discharge needs, which could include home health services, follow-up therapies, transportation, and more.

Care After Discharge

Outpatient Treatment

The resources that you receive after your discharge will be matched to your level of independence. These needs will be determined by your psychiatrist and therapy team. Before you are discharged, your team will make sure you have follow-up appointments scheduled with a primary care team or further psychiatric care. They will also make sure you have transportation to the appointment(s). If you have any other appointments or medical needs after you leave the hospital, establish a plan with your social worker.

Medicines

Managing medicines after discharge can be difficult at first because your medicines are managed for you while you are on the unit. For many patients, medicines are imperative for maintaining psychiatric stability. This makes successful medicines management important for your success following hospitalization. Your doctor will ensure that your prescriptions are written and sent to the pharmacy that you choose.

To make a medicine management plan, determine if you are going to oversee your medicines or if someone else will help you. If someone else is going to help you, then develop a plan together for success. If you are doing your medicine management alone, work with a staff member to make a plan to effectively manage your medicines. Some medicines or mental health disorders can lead to decreased memory; therefore, it is even more important to prepare a plan.

It's important to follow up with the outpatient care resources we will provide for you. Our goal is to help you stay healthy!

Resolving Concerns

If you want to request your medical records, file a complaint, or resolve other concerns (e.g. financial or legal) you can use the contact information on page 22 to contact the appropriate department.

Preventative Care: Staying Healthy Going Forward

Maintaining health takes effort. Use the information you learned from group therapy sessions, your nurses, psychiatrists, and social workers to maintain your mental health. To maintain your mental health, remember to use good habits even when you are feeling well.

To preserve your mental health, use healthy behaviors in all aspects of your life. We encourage you to do the following:

1. Establish a routine: Create a daily schedule that includes sleep, meals, and activities. Consistency in your routine can provide a sense of stability.
2. Prioritize sleep: Aim for 7-9 hours of quality sleep each night. A well-rested mind is better prepared to handle stress.
3. Exercise regularly: Aim for at least 150 minutes (2 ½ hours) of exercise each week.
4. Balanced nutrition: Maintain a healthy balanced diet. Nutrient-rich foods can help your mood and energy.
5. Stay hydrated: Dehydration can affect your mood and mental function.
6. Social connections: Cultivate and maintain positive relationships. Make time for friends and family.
7. Set realistic goals: Break down your tasks into manageable goals. Celebrate achievements, no matter how small. Avoid overwhelming yourself with unrealistic expectations.
8. Manage stress: Practice stress management techniques such as deep breathing, meditation, and mindfulness. Find activities that help you to relax.
9. Seek professional help early: If you notice persistent changes in your mood or behavior, reach out to a mental health professional. Early intervention can be crucial in preventing more significant issues.
10. Set boundaries: Learn to say no. Recognize when you need to decline additional commitments. It's okay to prioritize your mental well-being.
11. Educate yourself: Learn about mental health and be aware of potential risk factors. Understanding your mental health can empower you to take proactive steps.

Resources

- **Suicide Hotline:** Call 988
- **Emergency Services:** Call 911

Important Contact Information

Important Phone Numbers **Hospital front desk:** 877.694.4677
Neuromodulation Center for *ECT / TMS services: 206.668.5320
**ECT: electroconvulsive therapy, TMS: transcranial magnetic stimulation*

Hospital Address UW Northwest Hospital
1550 N 115th St
Seattle, WA 98133-9733

Financial Counseling **Phone:** 206.744.3084 1550 N 115th St
Mon – Fri 8:00 a.m. – 4:30 p.m. Seattle, WA 98133-9733

Attorney and/or Record Retrieval Company Billing Requests

UW Medicine Patient Accounts & Support Services **Email:** passroi@uw.edu 7527 63rd Ave NE
Fax: 206.598.0842 Bldg. 5C
Seattle, WA 98115-8154

Medical Records Request **Phone:** 206.744.9000 1959 N.E. Pacific St.
Fax: 206.744.9997 Box 354914
Email: uwmedroi@uw.edu Seattle, WA 98195

Would you like to file a complaint?

Patients, their families, or representatives have the right to file grievances (complaints), which will be thoroughly investigated, and a response will be provided. Assistance in resolving the issue is available if necessary. Filing a complaint will not affect a patient's current treatment or future access to care. We welcome and encourage all forms of feedback, including complaints.

You can contact Patient Relations:

Address:

UW Medical Center
Box 356153
Seattle, WA 98195

Phone: 206.520.9294 (on-call)
Phone: 206.598.8382 (business hours)
Email: UWMCares@uw.edu
