

# Transitions

A **planning** guide  
to help patients  
and their families  
with **transitions**  
between  
different  
**healthcare**  
settings.





# TABLE OF CONTENTS

Planning for your transition 4-5

Take it easy at first 6-7

Get to know your  
new healthcare team 8-11

Five tips to ease your transition 12-13

Avoiding the return of symptoms 14-15

National resource directory 16-17

Transition planning checklist 18-27



# PLANNING FOR YOUR TRANSITION.

*You may be leaving the hospital to go home or moving from a group residence to your own apartment.*

*Whatever transition you are about to make, you're probably looking forward to the change. We hope that this guide helps ease your transition as you move ahead in your recovery.*

## Ask questions.

If you are like most people, you probably have many questions, such as: How long will I be on medication? What kind of medical insurance coverage do I have? Whom should I call if I need help? It is important to have definite answers to these questions before you leave your present setting.

## Seek information.

The more information you have, the easier the transition—whether you are moving from one facility to another or going back into the community. That's why "Transitions" provides places to record information vital to your healthcare, contains tips on avoiding relapse, and lists the names of organizations dedicated to helping you.

## Be persistent.

Most important of all, this guide contains questions that you or your family will want to ask your doctor, nurse, or social worker. Be sure to get answers to these questions before you leave your current healthcare facility. Asking these questions will help ensure that your opinion is heard in decisions that affect your healthcare.

### MEDICATION COVERAGE ALERT

Because it can take 4 to 8 weeks to qualify (or requalify) for Medicaid after being discharged from a hospital, there may be a transition period during which time it may be difficult to get your medication costs reimbursed. If this presents a problem for you, talk with your doctor, nurse, social worker, or other professionals to find out about intermediary coverage options.



# TAKE IT EASY AT FIRST.

*No matter what type of transition you are making, you're likely to have mixed emotions. This is especially true if you are being discharged from the hospital. Hospital stays are for people who need specialized care. They also provide around-the-clock medical attention. When you leave the hospital, you will need time to adjust to life outside that structured environment.*

## Get extra rest.

You may feel very tired during your first few weeks in a new place. You may need extra sleep and may find that you have little energy for activities. Don't worry; this is normal. Adjusting to a new environment takes time; don't push yourself to do too much too soon. Your therapist can help you work out a plan for gradually increasing your activity level.

## Give yourself time.

It is important to remember that mental illness is a medical illness, like a broken bone, and you can't start going at full speed right away. If you put too much stress on the bone too fast, it may break again. On the other hand, if you never use that arm or leg, you won't regain full functioning. Many people do best by taking it easy in the first few months, perhaps taking advantage of a rehabilitation program run by people who are experts in the recovery process. Such programs help you maintain a healthy balance between rest and activity as you gradually work your way back into the swing of things. If you try to do too much too soon, you run the risk of becoming overwhelmed and suffering a setback.



# GET TO KNOW YOUR NEW HEALTHCARE TEAM.

*The doctors, nurses, social workers, and other professionals who treated you in the hospital may not be the same ones you will see when you are living in the community. Meeting and getting to know your new healthcare team can be distressing. You can reduce the stress of the transition by writing down all your healthcare information in one place and showing it to your new team. This will also familiarize them with what type of treatments have worked for you and what your preferences are. Remember, your success can be greatly enhanced through open communication with your healthcare team.*

## Who are the members of my healthcare team?

Different healthcare settings employ different types of professionals. Below is a list of some professional titles you may hear and what they mean.

**Case manager:** The healthcare professional who works directly with clients, coordinates various activities, and acts as the client's primary contact with other members of the treatment team. Case managers are often social workers.

**Discharge planner:** The person on staff at the hospital who makes plans for your healthcare outside the hospital. A discharge planner can be a nurse, doctor, resident/intern, or social worker.

**Intern:** A graduate of a medical school who is being trained in a hospital in preparation for licensing.

**Nurse:** A person specially trained to provide services that are essential to or helpful in the promotion, maintenance, and restoration of health and well-being.

**Occupational therapist:** A person trained to provide therapy through creative activity that promotes recovery or rehabilitation.





**Pharmacist:** A person licensed to sell or dispense drugs.

**Physician assistant:** A person certified to perform certain duties of a medical doctor, such as prescribing medication, performing a physical examination, or ordering diagnostic tests.

**Primary mental healthcare clinician:** The healthcare provider whom you see the most for your mental healthcare. This may be your doctor, physician assistant, psychiatrist, psychologist, nurse, or social worker.

**Psychiatric resident:** A licensed medical doctor who is being trained in a psychiatric specialty at a hospital.

**Psychiatrist:** A medical doctor who specializes in psychiatry. Psychiatry is a branch of medicine that deals with the study, treatment, and prevention of mental illness.

**Psychologist:** A person specially trained in psychology. Psychology is a branch of science that deals with the mind and mental processes, especially in relation to human behavior.

**Rehabilitation specialist:** A title often used interchangeably with case manager.



**Residential supervisor:** A person in charge of a group home or a unit within a residential treatment facility. Residential supervisors help with the problems of daily living, check to be sure that residents take their medication, and know how to handle crises when they occur.

**Social worker:** A graduate of a school of social work who holds either a bachelor's or master's degree and who is trained in effective ways of helping the mentally ill, the poor, the elderly, and other groups in need of assistance.



# FIVE TIPS TO EASE YOUR TRANSITION.

## 1. Identify reasonable goals that can be achieved in the near future.

Stress from doing too much too soon can bring on a relapse. Don't push yourself. Instead, set yourself small, achievable goals, such as helping with dinner one night within the next 2 weeks or making your bed every morning.

## 2. Learn to manage and reduce stress.

Everyone handles stress differently. If you or your family member needs suggestions on how best to deal with the stress in your life, ask your healthcare providers to help you. There is a lot of good material now available on stress management.

## 3. Talk to your family members and healthcare team.

Good communication is important for everyone, especially when you have new information to absorb and new hurdles to face. This seems obvious, but all too often patients and their families become overwhelmed by stress and forget to communicate effectively with each other and the healthcare team. Sometimes it helps to write down the questions or concerns you have for your doctor or nurse before your appointment. It's important to remember that you have a right to speak up and participate in decisions that affect your healthcare.

## 4. Take your medications as prescribed.

As people move toward greater independence, they often have to learn how to manage their own medication. They have to know how and where to get their prescriptions, how to pay for them, and what the various pills look like.

You may be tempted to stop taking your medications when you make the transition to a new treatment setting. You may feel better and want to put the bad times behind you. Don't do this! Stopping your medications on your own can be very risky. Studies have shown that this can greatly increase your chances of having to go back to the hospital. If you are experiencing any uncomfortable side effects from your medication, contact your healthcare provider.

## 5. Stay in touch.

Your healthcare providers are there to help you, and they want to see you and hear from you. It is important to stay in touch and communicate with them. The best way to do this is to keep your appointments. Showing up for all your appointments is well worth the effort. You can record your upcoming healthcare appointments and the names and phone numbers of your healthcare providers in the "Transition Planning Checklist" at the end of this guide. That way you can easily refer to them when you need to.



# AVOIDING THE RETURN OF SYMPTOMS.

## Know the early warning signs of relapse.

It would be nice if patients could leave the hospital symptom-free, but that seldom happens in real life. What you need to focus on is continuing the recovery process in your new setting, whether it is at home, a group residence, or another living arrangement.

Even though you're going to get out of the hospital, the transition can be stressful, and it is not uncommon to have a flare-up of symptoms in the first week or two. The best thing is to be prepared—by knowing what to watch out for and whom to call for help if symptoms return.

Most patients who experience a return of symptoms (or relapse) have early warning signs before becoming acutely ill. For some people, early warning signs include wanting to be alone, wearing strange clothing, or talking a lot about religion. Since everyone is different, these warning signs may not apply to you. You should talk to your healthcare team and your family or friends to find out what your early warning signs are.

Also, be sure to talk to your doctor, nurse, or social worker about what to do if you notice these early warning signs. Planning in advance on how to deal with these signs may help prevent a hospital stay.

## Avoid drugs and alcohol.

Many people in our society drink alcohol and/or use street drugs like marijuana and cocaine. In a time of transition, you may feel the urge to start or resume drinking or getting high. You

may even be planning on it, or at least thinking about it. You may have friends who ask you to drink or use drugs; you may feel lonely and find this a way to be with people; or you may be depressed and just want to get high and feel better.

All these feelings are quite common and easy to understand. However, there are certain facts you need to know and keep in mind. *People who have had episodes of mental illness are very sensitive to the ill effects of drugs and alcohol.* Even very little use can trigger old symptoms that had gone away, or make current symptoms much worse. If you use drugs or alcohol, the chances are good you'll get into serious trouble, which could result in a hospital readmission.

## Talk about treatment choices now.

If your symptoms return, a reevaluation of your condition may be necessary. It is a good idea to talk about the possibility with your healthcare provider when you are well. That way, you can discuss how you want your healthcare provider to handle things if you become ill again. Then be sure to communicate this information to your new healthcare team in the community. By discussing these matters with your healthcare provider now, you will stay involved in decisions about your care.

## My early warning signs:



# NATIONAL RESOURCE DIRECTORY.

*There are many national organizations dedicated to serving the needs of persons with mental illness. Some are privately run; others are run by the government. These organizations can help you with complaints about your healthcare or help you find a therapist, a support group, or housing.*

## **American Mental Health Counselors Association**

801 North Fairfax Street, Ste. 304  
Alexandria, VA 22314  
1-800-326-2642

## **National Alliance for the Mentally Ill**

200 North Glebe Road, Suite 1015  
Arlington, VA 22203-3754  
Main Office: (703) 524-7600  
Helpline: 1-800-950-NAMI (6264)

## **National Mental Health Association**

1021 Prince Street  
Alexandria, VA 22314-2971  
Main Office: (703) 684-7722  
Helpline: 1-800-969-6642

## **National Resource Center on Homelessness and Mental Illness**

262 Delaware Avenue  
Delmar, NY 12054  
1-800-444-7415

## **Centers for Independent Living**

For information on centers in your community, call your local Social Security office.

## **Discrimination in housing**

If you feel that you have experienced discrimination, call HUD at 1-800-669-9777.

## **Mental Wellness Web site**

If you have Internet access, further information on schizophrenia can be found at  
<http://www.mentalwellness.com>

If you don't have a computer, contact your local library. Many libraries now provide free access to the Internet.



# TRANSITION PLANNING CHECKLIST.



*Whenever you make the transition from one healthcare setting to another, you have the opportunity to become more active in your own healthcare. Now is your chance to take responsibility for decisions that have a direct impact on your life. Don't be afraid to ask questions. Remember, your healthcare providers are there to work with you.*

*What follows is some essential information that you should have written down in one place. Don't wait until your doctor, nurse, or social worker gives you this information. Instead, get actively involved in your own care by seeking the answers to these questions yourself. Feel free to ask for help from a friend or family member if necessary.*

***Medication (be sure you have enough medication to last at least until your next appointment)***

What are the names of my medications?

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How much of each should I take and how often?

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What can I expect my medications to do?

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What side effects should I watch for?

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What should I do if I have a side effect?

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Where do I get my prescriptions filled?

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<i>Medication</i>	<i>Dosage</i>	<i>Times I Take It</i>	<i>Why I Take It</i>

When do I get my prescriptions refilled?

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What do the pills look like?

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Who pays for my medications?

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Whom should I call if I have problems with my medications?

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Are there any over-the-counter medicines or prescription medicines that I should avoid?

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### ***First follow-up appointment***

Is my first follow-up appointment scheduled within the next week?    ☐ Yes    ☐ No

Where is it?

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Whom am I seeing?

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What is the phone number?

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How will I get there?

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### ***Emergency***

Is there an around-the-clock phone number I can call if I have a problem before my first follow-up appointment?

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### ***Living arrangements***

Where will I be living?

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How will I get there?

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Whom should I ask for when I get there?

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How long will I be staying there?

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### ***Diet***

Are there any specific dietary guidelines that I need to follow?

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If so, will my new healthcare provider be informed about them?

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### ***Career and personal development***

What programs are available to help me start working again?

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What is the phone number?

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Whom should I speak to there?

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Is there a day treatment center in my neighborhood?

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What is the phone number?

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Where is it located?

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How do I get there?

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List three goals that you have personally set for yourself:

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### ***Support services***

What support groups are available to me?

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What are the phone numbers?

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Whom can I speak with there?

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Is there a support group for my family members or caregivers?

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What is the phone number?

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Whom can they speak with there?

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### ***Additional information***

Before you are discharged from your current facility, be sure to record the following information:

#### ***Personal***

*Permanent address*

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*Emergency contact*

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*Social Security number*

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#### ***Healthcare***

*Primary mental  
healthcare clinician*

*Phone number*

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*Psychiatrist*

*Phone number*

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*Social worker*

*Phone number*

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*Pharmacist*

*Phone number*

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### ***Insurance***

*Insurance policy name*

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*Policy number*

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*Group number*

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*Phone number*

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### ***Disability***

*Disability benefits carrier*

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*Phone number*

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### ***HMO or behavioral healthcare company***

*Caseworker*

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*Phone number*

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### ***Local resources***

*AMI chapter*

*Phone number*

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*Day treatment center*

*Phone number*

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*Employment counselor*

*Phone number*

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### ***Other resources***

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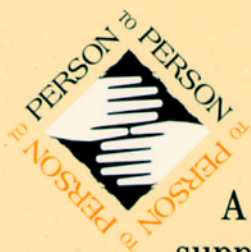
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