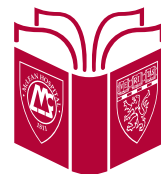




McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

College Student Mental Health Treatment and Hospitalization: A Guide for Parents



College Mental
Health Program
McLean Hospital

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Overview of College Mental Health Challenges

College is an exciting time in the lives of young adults. With this new experience comes the promise of a bright future, new relationships, new beginnings, and new expectations.

As with any new experience, adjusting to life at college is fraught with its own unique set of challenges. To support their students, most college health centers offer mental health services. These services are geared toward helping students develop strategies for navigating the new landscape of life at college.

Still, coping with these challenges can be stressful and overwhelming. Moreover, for some young adults, the timing of college coincides with changes in the biochemistry of their own bodies, changes that can have a profound effect on their moods and ability to regulate their emotional health. These physical changes can exacerbate feelings of stress and precipitate a crisis. If left undiagnosed and untreated, these changes in brain chemistry and emotional health can have serious consequences.

As parents or guardians, you want to do whatever is necessary to help your child be happy and successful. When students have mental health crises, their parents often feel overwhelmed and unsure about how to help. Worse, many parents find that they do not know how to navigate the mental health system. With so many available treatments, as well as a wide range of medications, parents and students understandably struggle to find care that truly meets their needs.

This booklet will help you to find more information about mental health care, learn how to take care of yourself while your student is going through a difficult time, and find out how other parents have made it through.

Facts and Figures about Mental Health

Did you know that:

- An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffers from a diagnosable mental disorder each year.
- Major depressive disorder affects approximately 14.8 million American adults or about 6.7 percent of the U.S. population age 18 and older in a given year.
- Psychiatric illnesses are the leading cause of disability in the U.S. and Canada for ages 15 through 44.
- Many people suffer from more than one mental disorder at a given time.
- Suicide is the second leading cause of death among young adults age 18-25; second only to accidents.
- With proper treatment, 90 percent of individuals diagnosed with a psychiatric illness can live productive lives.
- Treatment usually includes medication, psychotherapy, or a combination of the two. For some, hospitalization is recommended.

Does My Student Need Help?

Signs can vary from student to student, but generally a student may need treatment if she or he is experiencing:

- Persistent feelings of sadness, anxiety, or emptiness
- Hopelessness
- Impulsive, risky behavior
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest in academics, activities, hobbies
- Inability to concentrate, focus, or study
- Significant weight changes
- Trouble sleeping, waking up too early, or sleeping too much
- Withdrawal or isolation from family, friends, social community
- Self-harm
- Thoughts of death or suicide with or without suicide attempts
- Noticeable decline in academic performance
- Persistent irritability

What are you seeing in your son or daughter that could indicate a mental health problem? List all symptoms and concerns, below:

How to Talk With Your Student about Getting Help

Some students are afraid to ask for help. They may be worried about sharing the symptoms they are experiencing, for fear of being ridiculed or viewed as “crazy.” Or, they may be afraid that they will be “locked up” if someone finds out. Most students fear falling behind at school if they enter treatment.

The fact is that students who obtain treatment when it is necessary stand a much better chance of getting back to school successfully. It is nearly impossible to “tough out” a severe mental illness on one’s own.

Find a time to talk with your student, preferably a time that your student has agreed upon beforehand. Think about your objectives for the conversation. Are you hoping that your student will acknowledge that there is a problem? Perhaps you are also hoping that you and your student can agree on a plan for seeking professional help.

Worksheet: Encouraging Treatment

Here is a worksheet that might help you think about how to talk with your student:

1. What changes are you noticing in your student? (Hint: Don't just say, "I feel like you are depressed.") Describe your observations.

Physical changes: _____

Changes in sleep habits: _____

Changes in eating habits: _____

Changes in functioning (i.e., social withdrawal, not getting things done for school, around the house, etc.): _____

Changes in emotional expression (e.g., tearfulness, outbursts): _____

2. You want to tell your daughter or son that you care, but you need to make sure that you do not pressure them to change their behavior just to get you "off their back." A simple statement about how you feel will let them know that you are concerned, but without overdoing it. How do you feel as you see your student suffer?

☐ Worried

☐ Sad

☐ Frustrated

3. Offer support that they can use to get better. How are you prepared to support your student?

☐ Helping to find a therapist or treatment program

☐ Financially supporting treatment

☐ The use of your car for driving to treatment

☐ Going to family therapy

☐ Other _____

4. Make some statement about what could happen if your student gets treatment. You can say, "I guess I just want things to be easier for you," or "I know you can work this out and feel better," or words to that effect. The goal is to help your son or daughter to see that with treatment, life could get better.

5. Make a specific request. If you are not specific enough, you may have a positive conversation, but never make the next step. You might say, "I would like to help you find a therapist," or, "I have found a treatment program, and I would like us to visit it together."

Here is a sample script that a parent might construct after completing this worksheet.

Parent: I have noticed some differences in you lately, and I am wondering if you are feeling depressed. You seem to be sleeping more, and I don't see you hanging out with your friends as much. I also notice that you are having a hard time keeping up with the things you need to do for school. Those are all signs that you may be experiencing depression. I know that you may not want to talk about it, but I am worried about you and I can't ignore what I am seeing. These kinds of problems can get worse without treatment.

Depression is a very treatable problem and you deserve to be able to enjoy your life. Can we work together to find you some help?

How to Find Treatment

If you believe your student is struggling and could benefit from support, you can:

- Talk with your student and suggest that he or she contact the college counseling center, Health Services, or a local mental health practitioner. (See page 5 for hints on how to talk with your student).
- Depending on circumstances, perhaps you can offer to visit your student, and together develop a strategy for increasing support.
- Contact the college counseling center yourself, and ask for information about the availability of campus resources, and any guidance they can offer on how best to help your student. Although Counseling Center staff cannot disclose confidential information about your student's treatment, they can consult with you about strategies to support your student.
- Seek guidance/counseling from a mental health professional in your area. Call your insurance provider or primary care doctor for a referral.
- In an emergency, call 911. The ambulance will bring your student to the nearest emergency room for an assessment. The professionals at the emergency room can make a referral for a psychiatric hospitalization if needed.

How do I recognize an emergency?

Your situation is a psychiatric emergency if:

- *Someone has harmed themselves in a life-threatening way*
- *Someone has a plan and the means to harm themselves in a life-threatening way*
- *Someone has indicated that she or he intends to physically harm another person*
- *Someone is experiencing hallucinations or delusions*
- *Someone is unable to manage basic self-care such as eating, sleeping, and showering for days at a time*

Levels of Care for You and Your Student to Consider in a Psychiatric Crisis

Description of level of care	Typical needs of students/patients
<i>Inpatient care</i> is used when a person is potentially harmful to themselves or others, or when their self-care and judgment are so impaired that they are at severe risk of harm.	<i>Enrolled students need</i> to make immediate contact with deans, professors, or employers regarding medical crisis and missed classes, exams and deadlines; to decide whether to return to school or take a medical leave of absence; to learn new skills for co-managing mental health and college requirements.
<i>Residential care</i> is used when a person needs intensive treatment and round-the-clock staffing, but is not at risk of harm to self or others if enough care is provided.	<i>Students typically are on medical leave and they need</i> to protect their academic records, scholarships and financial aid; to clarify leave status and specific requirements for re-admission; to acquire new skills and supports for co-managing mental illness and college requirements; and to actively assess ability to function academically and socially in college.
<i>Partial Hospitalization</i> is a form of day treatment used when a person needs intensive daily treatment but can function safely in independent living (or is living safely with family).	Same as “residential care”
<i>Outpatient care</i> is the least intensive type of treatment. Clients live independently and function reasonably well, but attend appointments for psychotherapy and medications, and may participate in some psychotherapy groups.	<i>Students typically are enrolled</i> and they need to strengthen skills and supports for co-managing mental health and college; to regularly monitor college-related stressors within context of treatment goals; to learn to make adjustments that facilitate success in both areas.

All about Insurance Coverage

Mental health services are not always covered by your insurance company. Also, most insurers have different kinds of coverage available, which means that even if your student's providers take your type of insurance, your policy might not cover the treatment your student is receiving.

Worksheet: Questions to ask Your Insurance Company

Find out what your insurance covers by asking these questions:

Is there a separate deductible for mental health care, and if so, how much?

My child was referred to a hospital (or program, or psychotherapist). Is that service covered? For how long, or for how many sessions?

If the service my child is using is out-of-network, is there any coverage offered? If so, what percent of the fee is covered?

If there is no coverage available for the service, can you recommend a comparable service or provider?

Is there a different level of coverage for a biologically-based condition? What do you consider a biologically-based condition?

Does my student have to be enrolled in school for my insurance to cover them?

When Your Student Needs to Take a Semester Off

No student welcomes the disruption caused by a psychiatric, or any other, hospitalization. The thought of not graduating “on time” can be very discouraging. Also, a college education is expensive. Tuition, work-study positions, graduate assistant jobs and scholarships can all be (or feel) threatened by an academic leave. Some students are so fearful of not being able to pursue their academic goals that they forge ahead and return to campus before they are ready. Doing so can potentially undermine their health and long-term academic goals.

This decision deserves your student’s very thoughtful attention. A guiding approach for your student should be this: “How can I attend to my mental health in a way that preserves my academic record and eases my return to campus? What actions can I take before, during, and after the leave that can contribute to my successful reintegration to campus life?”

Worksheet: Talking with Colleges about Taking a Leave of Absence

Here is a worksheet to use when talking with the student's school:

What are the school's policies for leaves of absence? How much information do they need about a student's condition? What does the student need to do in order to return?

What about my student's financial aid?

Is there any refund of tuition monies after a mid-semester withdrawal?

Will my student need to find a new roommate after returning to school?

Can my student negotiate "incompletes" or "withdrawals" instead of failed grades, if a break from college is necessary?

Should my student consider a reduced course load? If so, will she or he still be eligible for financial aid?

When my student is ready to return, does the school offer a tuition insurance policy that we may purchase?

What can be done now to support my student's future success?

Internet Resources for Parents

For many parents, having a child with a mental illness means learning all about the mental health system in a short period of time. The resources on this page are all tailored to parents, guardians, and families of young adults with a mental illness.

- The Jed Foundation's Transition Year site is a tremendous resource for both students and parents. <http://www.transitionyear.org>
- The National Alliance for the Mentally Ill (NAMI) provides courses to help families and caregivers of individuals with mental illness. They also have a guide to choosing a college and getting scholarship money for students with a diagnosis. NAMI on Campus is a resource for parents and students that includes hotlines and discussion groups. <http://www.nami.org>
- Sobercollege.com has provided a parent-friendly guide to substance abuse and treatment for college students. <http://www.sobercollege.com>
- The National Education Alliance for Borderline Personality Disorder offers in-person and Web-based courses tailored specifically to parents and families. They also have printable Family Guidelines that are designed to help parents in search of answers.

What every Parent/Guardian Should Know

Confidentiality Rights and Authorization

HIPAA

Your college student is viewed as a legal adult with privacy rights. All health providers have to maintain compliance with The Health Insurance Portability and Accountability Act of 1996 (or HIPAA), which means that they must obtain formal permission to share health information about your student with you, or anyone else. If your student has not signed a release for the providers to talk with you, they cannot. Thus, it is important to address confidentiality concerns ahead of time if you want to be “in the loop” on your student’s care.

When your student enters treatment, the treatment providers will typically ask for permission to speak to you, the parent, and obtain your student’s signature so that you can be contacted. Some families work with their attorneys to document this permission in advance, so that there can be no doubt that parents will be informed of the student’s hospitalization. If you are concerned that your student may not give hospital staff permission to speak with you, we encourage you to talk with your student first, and discuss the possibility of seeking such legal documentation. For more information on HIPAA, visit <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

FERPA

The Family Educational Rights and Privacy Act (or FERPA) protects all students, eighteen years of age or older, at federally funded institutions, who wish to access their educational records or to control others’ access to those records. In essence, FERPA prevents students’ educational records (such as grades, enrollment, billing information, etc.) from being disclosed in connection with identifying information (such as name, date of birth, Social Security Number, etc.).

In addition, students protected by FERPA have the right to request access to their educational records. If they contain information that the student feels is inaccurate or misleading, the student can request in writing that the records be corrected. The school will then either comply with the student’s request, or offer the student a hearing on the matter.

Several exceptions apply in which identifying information can be disclosed without a student’s consent:

- ◉ If either or both parents have claimed the student as a dependent on their prior year’s tax records, both parents can gain non-consensual access to the student’s educational records.
- ◉ Another exception pertains to health and safety emergencies. Colleges and universities can communicate directly with parents of students who are judged to be in a health and/or safety emergency. This exception to FERPA applies regardless of whether students have been claimed as a dependent on their parents’ tax records.
- ◉ Certain other exceptions to FERPA apply, such as permission to disclose identifying information in the case of legal proceedings, or in the case of government audits of the college or university.

For more information on FERPA, visit <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> or call 1-800-USA-LEARN.

Mental Health Law

The Bazelon Center (<http://www.bazelon.org>) is a nonprofit organization in Washington, DC, dedicated to protecting the rights and dignities of people with mental illness through changes in policy and law. Their website contains a wealth of information about college and university students, mental illness, and legal protection.

Talking with your Student's Therapist

Many parents worry that they are “out of the loop” when it comes to their student’s therapy. They wonder if the therapist is fully aware of the student’s symptoms, or whether the student is talking about the issues that are coming up at home. Parents may not see enough progress, or they may be uncertain as to whether or not they should intervene in a student’s life.

Often, confidentiality concerns prevent the therapist from talking directly with the parents about what is discussed in treatment. Further, therapists need to be careful about how much detail they give parents, in order to facilitate a positive therapy relationship with the student. With all these considerations, it is important for parents, therapists, and students to agree about parent-therapist communications.

It can be very frustrating for parents of grown children, but therapists often do not call parents in cases where they do not believe the student to be in immediate danger. These cases can include drinking, using drugs, self-harm, having sex, or engaging in dysfunctional relationships.

We suggest that, at the outset of therapy, the parent, student, and therapist meet together to outline a plan for parent contact. The worksheet on page 17 can be used to structure your discussion.

Worksheet: Parent Communication Plan

Note: This worksheet does not take the place of a legal release of information, which the student would sign in order to permit the therapist to talk with anyone in the student's life.

Under what circumstances will the therapist call the parent(s) directly?

Some behaviors are worrying, but do not warrant a call to parent(s). What behaviors will the therapist keep confidential? For example, if the student engages in non-lethal self-harm, or drinks alcohol socially, the therapist is likely to maintain the student's confidentiality and refrain from talking to the parents.

What symptoms or behaviors will prompt the parent(s) to reach out to the therapist?

If the student needs to be hospitalized, will the therapist contact the parents?

Self-Care Suggestions for Parents and Caregivers

Being a parent or guardian of a student with a mental illness can tax your emotional, financial, and physical resources. Parents of students with mental illness often experience grief about the changes in their child's lives, and anxiety about the future. Many parents also struggle with the fact that they may not be able to influence their student's behavior for the better. Although you are focused on your student, you should find ways to take care of yourself so that you can be well enough to provide for others. This page contains some useful skills and strategies for self-care.

Seek Support

Please consider your own therapy. You do not need to be suffering from a mental illness in order to look for professional support. Therapists can often provide concrete, informed feedback about your self-care that can help you stay centered in a time of crisis. There are a number of ways to find a psychotherapist. Your insurance company will be able to provide you with a list of psychotherapists in your area who take your insurance. A trusted friend may know the name of a provider in your area, or your primary care physician may be able to make a referral.

The Depression and Bipolar Support Alliance (DBSA) hosts many events in the Boston area and beyond, and maintains an informative website at www.dbsalliance.org. Look to the website for free meetings and educational events in your area, including those for parents and caregivers.

The National Alliance for the Mentally Ill has some useful resources for parent self-care. Navigate to www.nami.org, click on "Find Support," then "Child and Teen Support" and "For Parents, Caregivers, and Youth." There, you will find an online discussion group, tips on getting an accurate diagnosis, education and support programs, and more.

Attend to Your Physical Health

Pay attention to your sleep, eating, and exercise. Make sure you take time away from thinking about your student's crisis to care for your body and mind. Although you may feel that it is important for you to always "be there" to manage any problems, you are better able to problem-solve when you are psychologically and physically well.

Schedule Pleasant Events

Most parents think that they cannot relax until the crisis is over. However, if your student is in and out of crises for a few months, it is not practical to wait to take care of yourself. Find small things that improve your life, and incorporate them daily. The changes you make can be as small as emailing a friend, buying something colorful, doing some yoga, or reading an inspirational book.

Nurture Relationships

Most people pull away from social activities when they are in the midst of a crisis. Social isolation can make you less resilient, and lead to greater distress. Make sure to schedule time to spend with friends or family members.

Student mental health problems can strain different families in different ways. Parents disagree on the right approach to take with students in crisis. Family or couples therapy may help to reduce tensions. The most important thing for parents to remember is that teamwork, whether it be with a partner, a spouse, family members, or a network of friends, can prevent exhaustion and burnout.

Carefully Balance and Schedule Responsibilities

Delegation and shared responsibility are the keys to crisis management. If one parent is making all the calls, all the care decisions, and providing all the emotional support, that parent is at risk for burnout. Make a list of all the things that need to get done, and divide the list between parents and/or other caregivers. Revisit the list regularly.

Here is a list of some specific things from each category you can do to take care of yourself:

Listen to music

Read (magazines, newspapers, books)

Exercise (yoga, walking, jogging, bike riding)

Make time for hobbies

Go out to eat

Spend time with good friends or family

Find a support group

Volunteer in the community

Watch sports

Go to the movies

Go hiking

Cook

Worksheet: Self-care for Caregivers

What are three suggestions from this list that you would like to implement in the coming week? Be specific about when you will act on the list of self-care activities on page 19, so that your self-care doesn't fall behind other priorities.

Suggestion	Action Plan
1.	
2.	
3.	

Here is a sample action plan for a parent who has a child in crisis.

Suggestion	Action Plan
1. Find local support group at www.dbsalliance.org	Find local group meeting on Tuesday night after dinner; put group date and time in family calendar
2. Walk outside twice this week, for 30 minutes	Wednesday at 7:00 AM Saturday with friends at 10:00 AM
3. Ask primary care physician for therapist referral	Call for an appointment on Monday AM from work Ask for an appointment within the next two weeks

Parent Guilt and Shame

"Is this my fault?"

"I shouldn't have been so hard on him."

"What could I have done to prevent this?"

"Whose genes are responsible for this problem?"

"Why didn't I see this coming?"

If you have had these thoughts about your child's mental illness, you are not alone. Almost all parents experience guilt and shame when their student is diagnosed with a mental illness. They often rehash every moment they spent with their child, trying to pinpoint the time when they could have intervened to prevent their mental illness from starting. These thoughts only add to the anguish that parents already feel about their child's suffering.

Parents are also keenly aware of the stigma against mental illness, and the potential for others to blame them for their child's problems. Parents sometimes withdraw from friends and family just when they most need support, because they are afraid they will be judged or criticized.

Students say that their parents are often the least helpful to them when they are preoccupied with feeling guilty. "My mother comes to visit me, and just apologizes the whole time," one student said. "It doesn't help." Other parents feel nervous and defensive when asked for a family meeting at the hospital. They may assume that the treatment team is judging them harshly. This assumption can result in parents avoiding participation when their students most need them.

You will be better able to help your child if you are able to manage these feelings effectively. Also, learning to manage guilt and shame will help you stay healthy. One way to manage guilt and shame is by obtaining information that will help you distinguish between myths about mental illness and facts. Turn to page 22 for some facts about mental illness and treatment.

Facts about Mental Illness and Treatment:

Why does mental illness develop?

Mental illness develops when life events interact with biology. In other words, an inherited vulnerability (a genetic predisposition) combined with factors in an individual's environment (such as a life transition, a lack of healthy habits, or a traumatic event) can result in the presentation of mental illness. Though certain diagnoses may be more strongly influenced by biology than others, life events also play an important role in the development of mental illness. This is true for a wide range of diagnoses including depression and borderline personality disorder. Furthermore, a biological vulnerability to mental illness does not guarantee that the illness will emerge. Lastly, for most disorders, it is not clear how much of the presentation of the illness can be explained by environmental factors versus biological factors.

Therefore, although your child may have a biological vulnerability toward mental illness, biology was not the sole cause. Similarly, neither can your child's mental illness be explained entirely by environmental events.

What will treatment look like?

Your child's treatment will be tailored to address her or his specific difficulties in functioning. Below is a description of two of the most commonly used treatments supported by scientific evidence.

Medication

Many students find that medications are a helpful component of their treatment. A psychopharmacologist (a physician or nurse practitioner trained in prescribing and managing psychiatric medications) is a valuable member to include on a student's treatment team. If your daughter or son is receiving care in an inpatient, partial hospital, or residential setting, a psychopharmacologist will automatically be included on the team. If your student is in outpatient therapy, the psychiatrist can often recommend a psychopharmacologist, or your insurance company can make a referral. Students and parents should feel comfortable asking questions and raising concerns about medications and side effects with a psychopharmacologist, so that they can make informed choices about psychiatric care.

Cognitive Behavior Therapy

Cognitive behavior therapy (or CBT) is a treatment designed to help people feel better by helping them changing how they think (cognition) and what they do (behavior). Mental health professionals practicing CBT help patients understand how their thoughts, behaviors and feelings influence one another. In a CBT treatment, your student will be asked to identify ways of thinking and behaving that might be causing symptoms to arise. Then, the treaters working with your student will help him or her to develop the best strategies for changing those thoughts and behaviors, and provide support in making those changes.

CBT example: Often when people become depressed, they pull away from their typical activities. They can become isolated from friends and stop engaging in hobbies. This allows for fewer opportunities to have positive experiences and leads to more feelings of sadness and thoughts of worthlessness. A CBT therapist will encourage someone with symptoms of depression to reconnect with activities and friends (behavior) and challenge thoughts of worthlessness (cognitive).

Dialectical Behavior Therapy

Dialectical behavior therapy (DBT) is a treatment designed to help people build skills that allow them to more successfully regulate their emotions and behaviors, so that they can be more effective in their lives. DBT uses CBT techniques (discussed above), combined with mindfulness practice and interpersonal skills. These strategies give DBT users new ways to embrace both sides of emotional recovery: accepting their difficulties, and using skillful means to change their thoughts, feelings, and behaviors. The dialectic between acceptance and change is fundamental to DBT, which seeks to help people replace rigid, “all or nothing” thinking with more flexible thinking.

DBT example: Someone who has sudden and intense mood shifts throughout the day may have difficulty effectively managing relationships, work, or school. She or he may act impulsively in response to intense emotions or in an attempt to try to make the emotions go away (e.g., lash out at friends, use drugs). A DBT therapist would help this person to practice acceptance of these difficult feelings and impulses, and make new, healthier choices when facing them.

The more factual information you know about mental illness and available treatments, the better you will be able to challenge your own myths about your child’s mental illness. You might find it helpful to write out myths you have and challenge them with facts. Here’s an example:

Myth	Fact
My child’s mental illness is my fault.	Environmental events are never the sole cause of mental illness.
I could have done something to prevent my child’s mental illness.	Mental illness is the result of a complex interaction of biology and life events. It is often unclear which has more influence.
My child will never get better.	My child has access to treatments that have been shown to work.

Try to challenge your own myths. If you get stuck, it may be a good time to seek more information about your child’s diagnosis and treatment.

Myth	Fact

Emerging Adulthood

“I never thought my daughter would come home after she started college.”

“At my son’s age, I was completely independent. Why is he still borrowing my car?”

“Moving to New York with roommates? I really thought she would be settled down by now.”

Sound familiar? Many parents assume that when their students complete college, they will get a job, seek a stable relationship, and start to settle down. However, in the current socioeconomic climate, most young adults are still finding their footing in the world after college. Some will be underemployed, and some will move from city to city, while others graduate from college only to move back in with parents. Many families are adjusting their expectations only after discovering that young adulthood isn’t what it used to be.

Many college graduates find that the job market is a greater challenge than they expected. Starting salaries are often too low to cover both rent and student loan repayment. In addition, young adults are taking more time to start families and build their careers after college, which means that they may choose to live in a few different cities before settling down. The competition for jobs may mean that your son or daughter will want to obtain a graduate degree in order to earn a good salary.

Social scientists have coined the term “emerging adulthood” to describe the years between graduating from college and assuming adult responsibilities, such as marrying, having children, and owning a home. Emerging adults are engaged in tasks that will help them to develop into healthy adulthood. These tasks include dating and determining what they want in a mate, and finding purpose in their life’s work. They have a freedom to explore these choices that is unprecedented in human history. With this freedom comes uncertainty and instability that, once resolved, may help to foster lifelong confidence and independence.

Parent FAQs About Student Hospitalization

Should my college student be hospitalized?

Many students struggle in college. In some instances, outpatient therapy or a treatment program can help the student work through these struggles. In other instances, hospitalization may be required. The determination to obtain treatment in an inpatient setting is made when the student no longer is able to navigate life at college in a safe way; or when the pressures of being at school become so overwhelming that the student's ability to manage independently is compromised and functioning is impaired.

What does this hospitalization mean for my college student and his/her future?

There is life after inpatient treatment – productive, happy, fulfilling life.

McLean Hospital's College Mental Health Program is designed specifically to augment students' treatment so that they can return to their college environments with the coping skills necessary to thrive.

We believe that when treatment is obtained in early adulthood - when students are young, flexible, and have the time to learn and grow - there is a chance for a better, more productive, and healthy life. Students who are offered the appropriate treatment at the right time can enjoy greater academic achievement and professional accomplishments, and more importantly, greater personal happiness and fulfillment. When students in need go untreated, their problems often continue after college and into adult life.

What does the hospitalization mean for my student's academic future?

An inpatient hospitalization should have little impact on the student's academic future. Depending on the timing of the hospitalization, courses may need to be repeated, or additional credits earned. But in general, inpatient hospitalization has zero impact on a student's academic future. The Dean of Students will help to manage schedules and

courses upon re-entry into the college community. The student should be reassured that their academic concerns will be addressed while treatment is taking place.

Whatever the academic implications, they can be managed during and after hospitalization. The primary concern now is the student's health, welfare and safety.

What can I expect if my child is going to an inpatient unit?

Once your student is referred to McLean for inpatient treatment, you may be asked to contact an intake counselor to discuss the situation and guidelines for admission. This intake counselor is your first opportunity to ask questions about the admission process and hospital stay.

Average Length of Stay: patients stay anywhere from 3-21 days.

Evaluation: comprehensive psychiatric evaluation of the student will be conducted by McLean staff prior to placement on a specific unit and development of a treatment plan

Contact: telephone number for the unit will be given to parents. While helpful, this patient phone may or may not be answered by patients.

Packing list: *students may bring personal belongings to the unit, including school work.* Here is a basic packing list:

- ◉ **Cell Phone:** Students may bring a track phone – a cell phone that does not have a camera (no cameras are allowed)
- ◉ **Prepaid calling card:** it may be helpful to provide your student with a calling card to use on the pay telephone.
- ◉ **Electric razor:** no scissors, razor blades, knives, or other sharp edged items allowed
- ◉ **Clothing:** change of clothing for 7 days, gym/workout clothes, sneakers (laundry available)
- ◉ **Personal items:** shampoo, soap, toothbrush, toothpaste, brush/comb, photos, books, etc.

Visiting: All visitors to McLean Hospital check in first at the Admissions Building to obtain a pass before heading to the patient's room. The number and frequency of visits is determined by the student and staff.

How do I explain the interruption in my student's life?

Every family handles this question in its own unique way. There is no right or wrong way, other than to be sure to respect the decision of your student. If asked how your student is doing, you are under no obligation to answer in detail. You can say, "She is taking a little break to regroup," or "She is taking a semester off to address some health issues." When concerned friends and relatives ask direct questions, you can also say, "It's personal," which is a way to let them know that you are not going to go into any detail. Your student's mental health struggles are personal - nobody else's business. Your responsibility is to respect your student's wishes with regard to dissemination of personal information.

How often can I see my child if he or she is hospitalized?

The protocol for contact with family and friends of a patient at an inpatient psychiatric facility is different from that in the more familiar acute care hospital setting, where visiting is permitted during specified hours. Once admitted to McLean Hospital, it is the student, together with staff, who will determine the nature and frequency of calls and visits.

To ensure contact, McLean Hospital assigns a liaison to the family of each patient. It is through this liaison that family questions can be addressed and contact with student maintained. The primary goal of hospital staff is the treatment of the student. If your student is 18 years of age or older, HIPAA regulations preclude the staff from sharing treatment information without the student's consent.

What do I say to my student?

Watching a loved one struggle is upsetting under any circumstances. Watching your student struggle, often while far away from home, can be even more so. As painful and difficult as this situation may be for you, the parent/guardian, the focus is on your student. Keep in mind that your student is in good hands, and that your job is to let your student know you're there, while taking good care of yourself.

The best response to your student is one of nonjudgmental support.

Words such as:

"We are here for you."

"Take it one step at a time."

"Good for you for taking steps to get the help you need."

"Take the time you need to work this through."

Words of reassurance:

"You will get through this."

"We'll figure this out."

"You will feel better again."

Remember, your student has been hospitalized because he/she is not safe within his/her current environment. Your student is ill. Your student can't help him/herself out of this situation without professional treatment. If there are difficult family issues or tensions between you and your student, hospital clinicians can help you to address them.

How do I help myself?

Since many illnesses do not manifest themselves until the late teens or early twenties, it is not uncommon for parents/guardians to be shocked to learn that their student suffers from depression/mental illness. Many times, parents/guardians feel blindsided - stunned that their high achiever is struggling and in need of psychiatric treatment.

Whirling from this news, parents/guardians then must navigate the strange new world of psychiatric care and hospitalization. No easy feat.

Several parents have commented that seeking professional counseling during this crisis period has been very helpful. Sometimes, speaking with someone who knows the system and who can allay fears and worries can be both reassuring and informative. Families may benefit from learning more about mental illness and the struggle involved in working through underlying issues.

Worksheet: Answering Questions About your Student

Why not take a few moments here to think about how you would like to answer those questions? You might even choose to review your answers with your student, to make sure you are being respectful of his or her privacy.

"I saw your daughter at the store today. I thought she left for college in September. Is everything OK?"

"My daughter has problems too. What are your son's problems?"

"When do you think your daughter will go back to school?"

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McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE

115 Mill Street :: Belmont, MA :: 02478 :: www.mclean.harvard.edu :: 800.333.0338