

## Strategies to enhance patients' acceptance of voluntary psychiatric admission

Jerrold Pollak, PhD

Dr. Pollak is with the Program in Medical and Forensic Neuropsychology, and the Emergency Services Department, Seacoast Mental Health Center, Portsmouth, New Hampshire.

### Disclosure

Dr. Pollak reports no financial relationships with any company whose products are mentioned with this article or with manufacturers of competing products.

**V**oluntary psychiatric admission has become more problematic because of managed care authorization policies, restrictive inpatient entry criteria, uninsured patients, and a decline in hospital beds.

In addition, patients often are ambivalent or resistant to hospitalization. It can be challenging to persuade a patient, as well as his (her) family, of the need for psychiatric admission, even when he acknowledges emotional suffering and impaired functioning.

The strategies offered here can enhance the probability that your patient, and his family, will agree to voluntary admission.

**Provide a compelling rationale.** Stress the need for immediate, specialized, and intensive services. If the patient is receiving outpatient mental health care, advise him that these services have been unsuccessful in achieving safety and clinical stability, and that it is not possible to quickly establish a modified outpatient plan or a day hospital placement that would meet his needs. For a patient who is not receiving outpatient care, explain that it is not feasible to implement a workable plan “from the ground up” in a timely manner.

**Reset the clock.** Redefine admission as a way to interrupt a downward spiral and offer a new start with a treatment team that has “fresh eyes.”

**Use language of the medical model.** Explain to the patient that a person who has a dangerously high, poorly controlled body temperature unquestionably needs to be hospitalized and that, by analogy, he—your patient—is running a “high emotional temperature” that warrants inpatient care.

Consider having the patient complete a brief, self-report rating scale, such as the Beck Depression Inventory-II or the Generalized Anxiety Disorder 7-item scale.<sup>1</sup> Review findings with him and his family to show the frequency, duration, and severity of symptoms.

**Dispel misconceptions and myths.** These include catastrophic fears—often based on stereotypes—about coercive treatment and indefinite confinement. Clarifying what a patient can expect with voluntary admission with regard to probable length of stay, participation in the milieu, visitation, and discharge planning is helpful for allaying such fears.

**Build bridges with significant others.** Ally with parties who support voluntary admission, including the patient’s primary care or mental health provider, if appropriate. Getting family members and significant others on board; having them talk with the patient can go a long way toward reaching an agreement to proceed with hospitalization.

**Maintain an empathic stance.** For many patients, psychiatric admission evokes considerable distress. Remain sensitive to the situational concerns that typically arise, such as disruption to family and job responsibilities, insurance coverage, and whether there will be an outpatient plan in place at discharge.

A psychiatric admission often triggers long-standing psychological vulnerabilities—such as feelings of humiliation or failure, fear of separation and abandonment, worry about being a burden to family, stigma, and anxiety about having a serious mental illness—all of which might require exploration to allay upset and enhance compliance.

### Reference

1. Blais MA. A guide to applying rating scales in clinical psychiatry. *Psychiatr Times*. 2011;28:58-62.